

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27143

1. Entity Name

ORANGE COUNTY AIRBOAT ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90111 041 ****61.25

Principal Place of Business

Mailing Address

1960 ALADDIN CT.
 ST. CLOUD FL 34771

1960 ALADDIN CT.
 ST. CLOUD FL 34771-9749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2869922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, BRUCE
 1960 ALADDIN COURT
 SAINT CLOUD FL 34771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Bruce A Ward
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BASS, CLINTON
 CITY-ST-ZIP 107 AUNT POLLY COURT
 ORLANDO FL 32828

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WARD, BRUCE A
 CITY-ST-ZIP 1960 ALADDIN CT.
 ST. CLOUD FL 34771

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS POTTS, BOBBY
 CITY-ST-ZIP 5035 FISHTAIL PALM AVE
 COCOA FL 32729

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PIERCE, DON
 CITY-ST-ZIP 19100 C.R. 33
 GROVELAND FL 34736

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME P
 STREET ADDRESS WESSCOTT, JOHN
 CITY-ST-ZIP 7052 HARBOR POINT BLVD
 ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JOHNS, BILL
 CITY-ST-ZIP 405 S CAMILLIA AVE
 CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce A Ward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 407 892 4795

CE 017 (9/99)