

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90001 036 \*\*\*\*61.25

**DOCUMENT # N27735**

1. Entity Name

**AMERICAN INSTITUTE OF GRAPHIC ARTS, ORLANDO CHAP**

Principal Place of Business

Mailing Address

P.O. BOX 2505  
 ORLANDO FL 32802-2505

P.O. BOX 2505  
 ORLANDO FL 32802-2505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2929526**

Applied For

Not Applicable

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

**SLOAN, VALERIE**  
**417 RUTH LANE #3**  
**ORLANDO FL 32801**

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

*Valerie Sloan*

**05/01/01**

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

(NOT Registered Agent signature required when reinstating)

DATE

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SLOAN, VALERIE</b>	
STREET ADDRESS	<b>417 RUTH LN #3</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HARTMAN, LINDA</b>	
STREET ADDRESS	<b>649 VASSAR ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>REPSTIEN-PETERS, KRISTI</b>	
STREET ADDRESS	<b>231 WEST PRINCETON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OBERWETTER, JENISE</b>	
STREET ADDRESS	<b>4038 PINYOU DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32926</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHMITT, CHRISTOPHER</b>	
STREET ADDRESS	<b>C/O 560 WINDERLY PLACE #222</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, THOMAS</b>	
STREET ADDRESS	<b>3300 RENLEE PLACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRIAN MINNICH</b>	
STREET ADDRESS	<b>172 W SABAL PALM PL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32779</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Valerie Sloan*

**05/01/01**

**407669619**

CR2E037 (10/00)