

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90120 018 ****61.25

DOCUMENT # N27735

1. Entity Name

AMERICAN INSTITUTE OF GRAPHIC ARTS, ORLANDO CHAPTER, INC.

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



DO NOT WRITE IN THIS SPACE

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

THOMAS SCOTT

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

3300 RENLEE PLACE

City

ORLANDO

FL

Zip Code

32803

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

Thomas R Scott

04.15.02

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

(NOTE: 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 NAME STREET ADDRESS CITY-ST-ZIP	P SLOAN, VALERIE 417 RUTH LN #3 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTMAN, LINDA 649 VASSAR ST ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REPSTIEN-PETERS, KRISTI 231 WEST PRINCETON ST ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERWETTER, JENISE 4038 PINYOU DR ORLANDO FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNICH, BRIAN 172 W. SABAL PALM PL ORLANDO FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, THOMAS 3300 RENLEE PLACE ORLANDO FL 32803	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN BRANDT 823 LONGLEAF PINE CT. ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLA GUZMAN 1758 BOXENEY CT. ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM FOXBURY 610 W. STETSON ST. ORLANDO, FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 prior like empowered.

SIGNATURE:

THOMAS SCOTT

THOMAS SCOTT

04.17.02

407-560-1634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)