

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27799

1. Entity Name

ORLANDO HANGARS ASSOCIATION, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90092 023 \*\*\*\*80.00

Principal Place of Business

Mailing Address

800 N. MAGNOLIA AVE  
SUITE 1500  
ORLANDO FL 32803

800 N. MAGNOLIA AVE  
SUITE 1500  
ORLANDO FL 32803-3269

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

59-2720611

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

BERMAN, VICKI L  
800 N. MAGNOLIA AVE  
SUITE 1500  
ORLANDO FL 32803

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

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 **P** ☐ Delete  
NAME **PERROTT, PATRICK**  
STREET ADDRESS **1900 FAWSETT ROAD**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **TD** ☐ Delete  
NAME **REILLY, THOMAS**  
STREET ADDRESS **2310 LEEWARD COVE**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE **D** ☐ Delete  
NAME **ARIKO, JOHN**  
STREET ADDRESS **271 PRESCOTT DR**  
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **VD** ☐ Delete  
NAME **ENFINGER, BILLY**  
STREET ADDRESS **2924 CULLEN LAKESHORE DR.**  
CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE **SD** ☐ Delete  
NAME **SPEICHER, TERRY**  
STREET ADDRESS **2262 KINGJAMES CT.**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ Delete  
NAME **MURPHY, MAURICE**  
STREET ADDRESS **100 CANDACE DR., UNIT 108**  
CITY-ST-ZIP **MAITLAND FL 32751**

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/99)