

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29920

1. Entity Name

ORLANDO MAGIC YOUTH FOUNDATION, INC.

Principal Place of Business

RDV SPORTSLEX
8701 MAITLAND SUMMIT BLVD
ORLANDO FL 32810
US

Mailing Address

P.O. BOX 76
ORLANDO FL 32802-0076

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

59-2940230

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

HEEKIN, JAMES F. JR.
LOWNDES, DROSDICK, DOSTER, KANTOR
215 N. EOLA DR.
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

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 C
NAME VANDERWEIDE, CHERI D
STREET ADDRESS 8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP ORLANDO FL 32810 ☒ Delete

TITLE C
NAME Bob Vander Weide
STREET ADDRESS 8701 maitland summit Blvd
CITY-ST-ZIP orlando, FL 32810 ☐ Change ☒ Addition

TITLE SD
NAME FEHR, LISA
STREET ADDRESS 8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

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

TITLE TD
NAME BOER, BILL
STREET ADDRESS 500 GRAND BANK BLD 126 OTTAWA AVE NW
CITY-ST-ZIP GRAND RAPIDS MI 49503 ☐ Delete

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

TITLE PD
NAME COATS, CARI H
STREET ADDRESS 8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

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

TITLE D
NAME SWOPE, JOHN C
STREET ADDRESS 8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP ORLANDO FL 32810 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 other like empowered.

SIGNATURE:

CARI H. Coats

3/2/00

407-916-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)