

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

03-31-2003 90168 014 *****61.25

DOCUMENT # N29920

1. Entity Name

ORLANDO MAGIC YOUTH FOUNDATION, INC.



Principal Place of Business

Mailing Address

**RDV SPORTSLEX
8701 MAITLAND SUMMIT BLVD
ORLANDO FL 32810
US**

**P.O. BOX 76
ORLANDO FL 32802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8701 Maitland Summit Blvd.

Orlando, FL

32810

4. FEI Number **59-2940230**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C.** ☐ Delete
NAME **WEIDE, BOB V**
STREET ADDRESS **8701 MAITLAND SUMMIT BLVD**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME **VanderWeide, Bob**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **Brown, Dee**
STREET ADDRESS **8701 Maitland Summit Blvd**
CITY-ST-ZIP **Orlando FL 32810**

TITLE ☐ Change ☒ Addition
NAME **Brown, Dee**
STREET ADDRESS **8701 Maitland Summit Blvd**
CITY-ST-ZIP **Orlando, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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, 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 power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/18/03

407-916-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)