

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34034

1. Entity Name

ORLANDO AIR CARGO ASSOCIATION, INC. ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90097 008 ****61.25

Principal Place of Business

1031 WEST MORSE BLVD
SUITE 105
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 622011
ORLANDO FL 32862-2011

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

46-4762378

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

APPLETON, MICHAEL J
111 N ORANGE AVE
SUITE 1019
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
After September 13, 2000 min. will be \$236.25

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 DP ☒ Delete
NAME DEARBORN, PHYLLIS
STREET ADDRESS 8249 PARKLANE BLVD., STE. 400
CITY-ST-ZIP ORLANDO FL

TITLE DP ☒ Change ☐ Addition
NAME Miller, Gary A.
STREET ADDRESS 9575 Benford Rd
CITY-ST-ZIP Orlando, FL 32827

TITLE DT ☒ Delete
NAME LARIA, JAMES A
STREET ADDRESS 4101 LINDY CIR.
CITY-ST-ZIP ORLANDO FL

TITLE DT ☒ Change ☐ Addition
NAME Porter-Miller, Jean M.
STREET ADDRESS 9575 Benford Rd
CITY-ST-ZIP Orlando, FL 32827

TITLE DV ☒ Delete
NAME HARRIS, MARIA
STREET ADDRESS 8870 BOGGY CREEK RD., STE. 700
CITY-ST-ZIP ORLANDO FL 32824

TITLE DS ☒ Change ☐ Addition
NAME Scarbro, Colleen
STREET ADDRESS 9575 Benford Rd
CITY-ST-ZIP Orlando, FL 32827

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 REQUIRED M. Porter-Miller 7-10-00 407-8504336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)