

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N34034**

1. Entity Name

ORLANDO AIR CARGO ASSOCIATION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**APPLETON, MICHAEL J
111 N ORANGE AVE
SUITE 1019
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 12, 2001, 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GARY A	
STREET ADDRESS	9575 BENFORD RD	
CITY-ST-ZIP	ORLANDO FL 32827	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PORTER-MILLER, JEAN M	
STREET ADDRESS	9575 BENFORD RD	
CITY-ST-ZIP	ORLANDO FL 32827	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SCARBRO, COLLECA	
STREET ADDRESS	9575 BENFORD RD	
CITY-ST-ZIP	ORLANDO FL 32827	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEARBORN, PHYLLIS	
STREET ADDRESS	8249 PARKLINE BLVD; SUITE 400	
CITY-ST-ZIP	ORLANDO, FL 32809	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIKEL, PAUL	
STREET ADDRESS	8249 PARKLINE BLVD; SUITE 400	
CITY-ST-ZIP	ORLANDO, FL 32809	

TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUK, LISA	
STREET ADDRESS	2425 E. LANDSTREET RD. #300	
CITY-ST-ZIP	ORLANDO, FL 32824	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Phyllis Dearborn

PHYLLIS DEARBORN

7/31/01

407-855-2828

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90008 003 ****61.25

00060648

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)