

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34676

1. Entity Name

GREATER ORLANDO RIGHT TO LIFE, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90019 035 ****61.25

Principal Place of Business

2318 WINTER WOODS BLVD
#D
WINTER PARK FL 32792
US

Mailing Address

P. O. BOX 940254
MAITLAND FL 32794-0254
US

2. Principal Place of Business

285 Lake Seminary Circle

3. Mailing Address

Suite, Apt. #, etc.

Maitland, FL 32751

City & State

City & State

4. FEI Number

59-1935501

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROOKS, MARVIN
390 NORTH ORANGE AVENUE
SUITE 800
ORLANDO FL 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 ☐ Delete

NAME D
STREET ADDRESS ROUTSON, CAROLINE
CITY-ST-ZIP 285 LAKE SEMINARY CIRCLE
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME DV
STREET ADDRESS ROOKS, LINDA
CITY-ST-ZIP 2150 CHINGOOK TRAIL
MAITLAND FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME D
STREET ADDRESS CONNORS, MARGARET
CITY-ST-ZIP 630 SPRUCEWOOD CIRCLE
ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME DT
STREET ADDRESS HARDMAN, MYRNA
CITY-ST-ZIP 5029 WATERVISTA DR
ORLANDO FL 32821

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *Myrna Hardman* MYRNA HARDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000

Date

Daytime Phone #

CR2E037 (9/99)