

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
 04-06-2000 90013 020 ****61.25

DOCUMENT # N35936

1. Entity Name
ARAB AMERICAN COMMUNITY CENTER, INC.

Principal Place of Business Mailing Address

P.O. BOX 106338 **150338** P.O. BOX 106338 **150338**
 ALTAMONTE SPRINGS FL 32715-0338 ALTAMONTE SPRINGS FL 32715



2. Principal Place of Business 3. Mailing Address

P.O. Box 150338 **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Altamonte Springs, FL **=**

Zip Country Zip Country
32715 **USA** **=**

4. FEI Number Applied For

59-3064354 ☐ 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

SAIDI, AHMAD Y
2840 KINNON DRIVE
ORLANDO FL 32817

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 3/30/00
 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 \$5.00 May Be Added to Fees

Trust Fund Contribution. ☐

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSOUR, RIAD		NAME	John Amm	
STREET ADDRESS	8034 DORSEL COURT		STREET ADDRESS	4006 Evander Dr, Orlando, FL	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	32812	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMADIEH, MANAL A		NAME	Basil MaaLi	
STREET ADDRESS	10197 BRANDON CIRCLE		STREET ADDRESS	5182 Islesworth Country Club Dr	
CITY-ST-ZIP	ORLANDO FL 32836		CITY-ST-ZIP	Orlando FL 32786	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRAN, GHADA		NAME	Nadia-Hilal	
STREET ADDRESS	806 TOLEDO DRIVE		STREET ADDRESS	160 N. Spring Lake Dr, Altamonte	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	FL 32714 Springs	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAB, KHALED DR		NAME		
STREET ADDRESS	3013 CULLEN LAKE SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHRUI, DAN		NAME		
STREET ADDRESS	10006 BRADFORD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32892		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARER, OLGA		NAME		
STREET ADDRESS	625 TRUESDELL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		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 title empowered.

SIGNATURE: 3/30/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)