

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0090515

**DOCUMENT # N35936**

1. Entity Name

**ARAB AMERICAN COMMUNITY CENTER, INC.**

Principal Place of Business

P.O. BOX 105338  
 ALTAMONTE SPRINGS FL 32715-0338

Mailing Address

P.O. BOX 105338  
 ALTAMONTE SPRINGS FL 32715-0338

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

**59-3064354**

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

**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

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 **P** ☒ Delete  
 NAME **AMM, JOHN**  
 STREET ADDRESS **4006 EVANDER DR**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Sami Dubty**  
 STREET ADDRESS **8725 Great Cove Dr**  
 CITY-ST-ZIP **Orlando FL 32819**

TITLE **S** ☐ Delete  
 NAME **MAALI, BASIL**  
 STREET ADDRESS **5182 ISLESWORTH COUNTRY CLUB DR**  
 CITY-ST-ZIP **ORLANDO FL 34786**

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

TITLE **T** ☐ Delete  
 NAME **HILAL, NADIA**  
 STREET ADDRESS **160 N SPRING LAKE DR**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **D** ☒ Delete  
 NAME **DIAB, KHALED DR**  
 STREET ADDRESS **3013 CULLEN LAKE SHORE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Dr Omar Ata**  
 STREET ADDRESS **3211 S. Bermuda Ave**  
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE **D** ☒ Delete  
 NAME **BUSHRUI, DAN**  
 STREET ADDRESS **10006 BRADFORD DRIVE**  
 CITY-ST-ZIP **WINTER PARK FL 32892**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Emile Jammal**  
 STREET ADDRESS **307 Murphy Road**  
 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☒ Delete  
 NAME **SHEARER, OLGA**  
 STREET ADDRESS **625 TRUESDELL AVENUE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Abe Jaraman**  
 STREET ADDRESS **4750 Deer Road**  
 CITY-ST-ZIP **Orlando, FL 32812**

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 reports 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/2001**  
 Date Daytime Phone #

CR2E037 (10/00)