

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90028 017 ****70.00

DOCUMENT # N37027

1. Entity Name

MISS ORLANDO SCHOLARSHIP PAGEANT, INC.

Principal Place of Business

Mailing Address

% JEAN MILLER
961 WEDGEWOOD DR N
WINTER SPRINGS FL 32708

% JEAN MILLER
961 WEDGEWOOD DR N
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

CHRISTINE DAVID

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4675 CHULUOTA RD.

City & State

City & State
ORLANDO, FL

4. FEI Number

59-3000428

Applied For

Not Applicable

Zip

Country

Zip
32820

Country
USA

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

MILLER, JEAN
961 WEDGEWOOD DR N
WINTER SPRINGS FL 32708

Name
CHRISTINE DAVID

Street Address (P.O. Box Number is Not Acceptable)
4675 CHULUOTA RD.

ORLANDO, FL

City

FL Zip Code
32820

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

Christine David

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 **D** ☐ Delete
NAME **MILLER, JEAN**
STREET ADDRESS **961 WEDGEWOOD DR N**
CITY-ST-ZIP **WINTER SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **DAVID, CHRIS**
STREET ADDRESS **4675 CHULUOTA RD.**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **ZAUITZ, LORI**
STREET ADDRESS **1116 SERISSA CT**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **MCRIGHT, JAN**
STREET ADDRESS **3716 BRADLEY AVE**
CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE **D** ☐ Delete
NAME **QUINLIN, SHARON**
STREET ADDRESS **5824 GOLDENWOOD DR**
CITY-ST-ZIP **ORLANDO FL**

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:

Christine David
CHRISTINE DAVID

2-28-02 407-568-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)