

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38372

1. Entity Name

ORLANDO INTERNATIONAL CENTER PROPERTY OWNERS ASS

Principal Place of Business

Mailing Address

2221 LEE RD
STE 28
WINTER PARK FL 32789
US

2221 LEE RD
STE 28
WINTER PARK FL 32789-1864
US

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

59-3586544 NOT APPLICABLE

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

LECCESE, SALVADOR F.
2221 LEE RD
STE 28
WINTER PARK FL 32789

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 DP
NAME LECCESE, SALVADOR L
STREET ADDRESS 1101 N LAKE DESTINY DR, STE 400
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME Leccese, Salvador F.
STREET ADDRESS 2221 Lee Road, Suite 28
CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE DST
NAME DELGUIDICE, CHRISTOPHER
STREET ADDRESS 1101 N LAKE DESTINY DR, STE 400
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS 474 S. North Lake Blvd. Suite 1020
CITY-ST-ZIP Altamonte Springs, FL 32701 ☒ Change ☐ Addition

TITLE DVP
NAME KAFKA, DONALD L
STREET ADDRESS 1101 N LAKE DESTINY DR, STE 400
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS 474 S. North Lake Blvd. Suite 1020
CITY-ST-ZIP Altamonte Springs, FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 400003251754- - 8
-05/15/00--01011--001
*****528.75 *****70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: SALVADOR F. LECCESE 4/20/00 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED
AND
FILED

00 MAY 23 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (1/99)