

2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # N38372

1. Entity Name

ORLANDO INTERNATIONAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

2221 LEE RD
STE 28
WINTER PARK FL 32789
US

Mailing Address

2221 LEE RD
STE 28
WINTER PARK FL 32789
US

2. Principal Place of Business

390 North Orange Avenue

Suite, Apt. #, etc.
Suite 1100

City & State
Orlando, Florida

Zip
32801

Country
United States

3. Mailing Address

P.O. Box 4961

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32802-4961

Country
United States

FILED

02 APR 26 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3586544

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
B&C Corporate Services of Central Florida, Inc.

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

390 N. Orange Ave., Suite 1100

City
Orlando

FL

Zip Code
32801

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

By: *[Signature]* Vice President

4/25/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LECCESE, SALVADOR F 2221 LEE ROAD, SUITE 28 WINTER PARK FL 32789	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DELGUIDICE, CHRISTOPHER 474 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KAFKA, DONALD L 474 S. NORTH LAKE BLVD., STE. 1020 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert T. Rosen 390 N. Orange Ave., Suite 1100 Orlando, Florida 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Vernon F. Bennett 390 N. Orange Ave., Suite 1100 Orlando, Florida 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morry Osborn 390 N. Orange Ave., Suite 1100 Orlando, Florida 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature] President

Robert T. Rosen
President

4/25/02 (407) 839-4200

CR2E037 (9/01)

Page 2 of 2

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 04-26-02

NAME: orlando international center property owners association, inc

TYPE OF FILING: 2002 ubr

COST:

RETURN:

RECEIVED
02 APR 26 AM 11:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

RECEIVED
02 APR 26 PM 2:23
DIVISION OF CORPORATION