

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-14-2001 90259 032 ****61.25

DOCUMENT # N39067

1. Entity Name

OLD TOWN MERCHANTS, INCORPORATED



Principal Place of Business

5770 W IRLO BRONSON
 SUITE 324
 KISSIMMEE FL 34746
 US

Mailing Address

5770 W IRLO BRONSON
 SUITE 324
 KISSIMMEE FL 34746
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3041454

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

ZALESKI, JOHN J.
 5770 W IRLO BRONSON HWY 129
 KISSIMMEE FL 34746

Name **Thomas J. O'Neill**
 Street Address (P.O. Box Number is Not Acceptable)
5770 W. Irlo Bronson Hwy
Suite 324
 City **Kissimmee** FL Zip Code **34746**

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

[Handwritten Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 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	SUTTON, BYRON	
STREET ADDRESS	505 2ND AVE W	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	TD	☐ Delete
NAME	O'NEILL, THOMAS J	
STREET ADDRESS	5770 W IRLO BRONSON HWY, 324	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	DS	☒ Delete
NAME	HOMSI, DIANE	
STREET ADDRESS	8106 CHIANTI DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ Delete
NAME	LANCE, BOBBY	
STREET ADDRESS	5770 W IRLO BRONSON HWY 324	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☐ Change ☒ Addition
NAME	Larry Naddoo	
STREET ADDRESS	5770 W. Irlo Bronson Hwy #325	
CITY-ST-ZIP	Kissimmee FL 34746	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☐ Change ☒ Addition
NAME	Byron Sutton	
STREET ADDRESS	505 2nd Ave W	
CITY-ST-ZIP	Windermere FL	
TITLE	Member at Large	☒ Change ☐ Addition
NAME	Bobby Lance	
STREET ADDRESS	3401 Trentwood Blvd.	
CITY-ST-ZIP	Orlando FL 32812	
TITLE	SD	☐ Change ☒ Addition
NAME	Charlotte Thompson	
STREET ADDRESS	4387 Rummell Rd.	
CITY-ST-ZIP	St. Cloud FL 34769	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 407-3916-4688
 Date Daytime Phone #

CR2E037 (10/00)