

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90089 024 ****61.25

DOCUMENT # N39591			
1. Entity Name VARIETY CLUB OF ORLANDO, INC.			
Principal Place of Business 3905 EL REY ROAD ORLANDO FL 32808-7917 US		Mailing Address 3905 EL REY ROAD ORLANDO FL 32808-7917 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3030272		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARTMAN, DEBRA 3905 EL REY ROAD SUITE 222 ORLANDO FL 32808		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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HARTMAN, DEBRA	NAME	
STREET ADDRESS	3905 EL REY ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALEXANDER, LINDA	NAME	
STREET ADDRESS	1281 GLADIOLAS DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MYERS, D.C.	NAME	
STREET ADDRESS	3365 EVERGREEN ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ELLIS, BILL	NAME	
STREET ADDRESS	2224 DOE CROSSING COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ANSEL, DOTTIE	NAME	
STREET ADDRESS	8099 CANYON LAKE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Debra Hartman* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: Jan 25 2000 Daytime Phone #: 407 298-2980