

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90004 005 ****61.25

001310

DOCUMENT # N39591

1. Entity Name

VARIETY CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

**3905 EL REY ROAD
 ORLANDO FL 32808-7917
 US**

**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

4. FEI Number

59-3030272

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P HARTMAN, DEBRA | NAME | |
| STREET ADDRESS | 3905 EL REY ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SD ELMORE, CORLENE | NAME | |
| STREET ADDRESS | P.O. BOX 697 | STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL 32703 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VD WOODCOCK, JANET | NAME | |
| STREET ADDRESS | 23 LIVE OAK RD | STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL 32787 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D ELLIS, BILL | NAME | |
| STREET ADDRESS | 2224 DOE CROSSING COURT | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T BARBER, ELLIOT | NAME | |
| STREET ADDRESS | 1912 BISCAYNE DR. | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32804 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VD ACOSTA, ROLAND | NAME | |
| STREET ADDRESS | 5031 NASSAU CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32810 | 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: ELLIOT BARBER *Treasurer* **ELLIOT Barber** 2/12/02 (407) 843-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)