


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N39591 1. Entity Name VARIETY OF ORLANDO, INC.			
Principal Place of Business 3315 MAGGIE BLVD 100 ORLANDO, FL 32811 US		Mailing Address P.O. BOX 941467 MAITLAND, FL 32751 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3315 MAGGIE BLVD Suite, Apt. #, etc. 100 City & State ORLANDO, FL Zip 32811 Country	
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 DRAVES, DONNA L 120 EAST CONCORD ST ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENDRE, TOM 3315 MAGGIE BLVD STE 100 ORLANDO, FL 32811	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD MCENTARFFER, SHANE 3315 MAGGIE BLVD STE 100 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD HAHN, GRETCHEN 3315 MAGGIE BLVD STE 100 ORLANDO, FL 32811	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAVES, ALLAN C 3315 MAGGIE BLVD STE 100 ORLANDO, FL 32811	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURMAN, STUART 3315 MAGGIE BLVD STE 100 ORLANDO, FL 32811	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED QUAST, KARI K 3315 MAGGIE BLVD STE 100 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SESTER, JOLIE P. 3315 MAGGIE BLVD #100 ORLANDO, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3030272

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State
 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. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
☐ Change ☐ Addition
 500136246435
 09/23/08--01016--005 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 officers empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 SEP 08
 Date

407-422-5437
 Daytime Phone #

KS