

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90429 049 \*\*\*\*61.25

**DOCUMENT # N39591**

1. Entity Name  
**VARIETY CLUB OF ORLANDO, INC.**



Principal Place of Business  
**3905 EL REY ROAD  
ORLANDO FL 32806-7917  
US**

Mailing Address  
**3905 EL REY ROAD  
ORLANDO FL 32806-7917  
US**

0005892



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
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  
**HARTMAN, DEBRA  
3905 EL REY ROAD  
SUITE 222  
ORLANDO FL 32808**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARTMAN, DEBRA</b>	
STREET ADDRESS	<b>3905 EL REY ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ELMORE, CORLENE</b>	
STREET ADDRESS	<b>P.O. BOX 697</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WOODCOCK, JANET</b>	
STREET ADDRESS	<b>23 LIVE OAK RD</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 32787</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIS, BILL</b>	
STREET ADDRESS	<b>2224 DOE CROSSING COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BARBER, ELLIOT</b>	
STREET ADDRESS	<b>1912 BISCAYNE DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ACOSTA, ROLAND</b>	
STREET ADDRESS	<b>5031 NASSAU CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE BARBER* 1/9/03 407 843-9582

CR2E037 (10/02)