

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

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 031 ****61.25

DOCUMENT # N43570

1. Entity Name

Orlando Singles Squareeand Round Dance Club, Inc.

DO NOT WRITE IN THIS SPACE

816919

2. Principal Place of Business

3703-2 S. Lake Orlando Pkwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3099275

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Lorraine T. Walton

Street Address (P.O. Box Number is Not Acceptable)

3703-2 S. Lake Orlando Pkwy.

City

Orlando

FL

Zip Code

32808

**DO NOT WRITE
IN THIS SPACE**

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

Lorraine T. Walton

1-21-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	Rich Hedengren	NAME	
STREET ADDRESS	1117 Anderson St.	STREET ADDRESS	
CITY-ST-ZIP	Deltona, FL 32725	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	June Gage	NAME	
STREET ADDRESS	850 Logan Dr.	STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32750	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Lorrie Bernal	NAME	
STREET ADDRESS	5451 Denise Ave.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32810	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Lorraine Walton	NAME	
STREET ADDRESS	3703-2 S. Lake Orlando Pkwy.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

LORRAINE T. WALTON

SIGNATURE: *Lorraine T. Walton*

1-21-02 407-291-7282

CR2E037B (12/01)