

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-23-2002 90052 014 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N43686**

1. Entity Name

GREATER ORLANDO LEADERSHIP FOUNDATION, INC.

Principal Place of Business

108 E. CHURCH ST.
ORLANDO FL 32801
US

Mailing Address

108 E. CHURCH ST.
ORLANDO FL 32801
US

2. Principal Place of Business

450 S. ORANGE AVE.

Suite, Apt. #, etc.

3. Mailing Address

450 S. ORANGE AVE.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32801

Country

City & State

ORLANDO FL

Zip

32801

Country

4. FEI Number

59-3055348

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KREIDER, LARRY
108 E. CHURCH ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **STEVE FRENCH**

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

G.O.L.F.**450 S. ORANGE AVE.**

City

ORLANDO

FL

Zip Code

32801

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature of agent or authorized officer and (if applicable)

STEVE FRENCH

(NOTE: Registered Agent signature required when transferring)

DATE

4/22/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	☒ Delete
NAME	VEERMAN, RALPH	
STREET ADDRESS	PO BOX 540028	
CITY-STATE-ZIP	ORLANDO FL 32854	

TITLE	PO	☒ Delete
NAME	KREIDER, LARRY	
STREET ADDRESS	108 E. CHURCH ST.	
CITY-STATE-ZIP	ORLANDO FL	

TITLE	S D	☐ Delete
NAME	HATCHER, STEVE	
STREET ADDRESS	315 E. ROBINSON ST., #600	
CITY-STATE-ZIP	ORLANDO FL 32802	

TITLE	T D	☐ Delete
NAME	BUBBERS, CAROLYN	
STREET ADDRESS	91 BREVARD AVE.	
CITY-STATE-ZIP	COCOA FL 32923	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	KEVIN MCCARTHY	
STREET ADDRESS	P.O. BOX 1568	
CITY-STATE-ZIP	WINTER PARK, FL 32790	

TITLE	P	☐ Change ☒ Addition
NAME	STEVE FRENCH	
STREET ADDRESS	450 S. ORANGE AVE	
CITY-STATE-ZIP	ORLANDO, FL 32801	

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 Required* **4/22/02** **321-609-9109**

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR26007 (9/01)