

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001318

1. Entity Name

PARRAMORE HERITAGE RENOVATION FOUNDATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90067 005 ****61.25

Principal Place of Business

423 WEST SOUTH STREET
ORLANDO FL 32801
US

Mailing Address

423 WEST SOUTH STREET
ORLANDO FL 32801-4706
US

2. Principal Place of Business

397 W. Church St.
Suite, Apt. #, etc.
Orlando, FL
City & State

3. Mailing Address

397 W. Church St.
Suite, Apt. #, etc.
Orlando, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3233707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWEN, WILLIAM H
200 EAST ROBINSON STREET, SUITE 400
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Nolan, Howard E.
Street Address (P.O. Box Number is Not Acceptable)
250 N. Orange Ave., suite 500
Orlando,
City FL Zip Code 32801

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

Howard E. Nolan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-00

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

TITLE	PRD	Delete
NAME	ARMSTEAD, RALPH	
STREET ADDRESS	1036 W. AMELIA ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	Delete
NAME	EVERETT, DONALD	
STREET ADDRESS	1019 WEST JEFFERSON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	Delete
NAME	GELZER, BETTY	
STREET ADDRESS	825 WEST WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRIS, W.D.	
STREET ADDRESS	2211 E HILLCREST ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RILEY, KRAN	
STREET ADDRESS	1331 LEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELL, GERALD	
STREET ADDRESS	303 REUNITI CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard E. Nolan	
STREET ADDRESS	250 N. Orange Ave. suite 500	
CITY-ST-ZIP	Orlando, FL 32801	
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:

KRAN RILEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-00 407-649-1949

CR2E037 (9/99)