

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90087 021 ****70.00

DOCUMENT # N94000001962

1. Entity Name

EAST ORANGE BMX COMPLEX, INC.

Principal Place of Business

19424 E COLONIAL DR
ORLANDO FL 32807
US

Mailing Address

2426 ABBEY AVE
ORLANDO FL 32833-4347
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

748 Woodvalley Way

Suite, Apt. #, etc.

City & State

Orlando, Fl. 32825

Zip

Country

32825

Orange

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANMAN, TOM
2065 LANSING ST
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

George Erickson

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

12605 Spicewood Ct.

City

Orlando

FL

Zip Code

32828

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

George A. Erickson

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANMAN, TOM 2065 LANSING ST MELBOURNE FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRAN, RHONDA 2426 ABBEY AVE ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALATI, PAUL 1030 PIONEERWAY WEST GENEVA FL 32732	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATD BROMLER, DENNIS 10407 OLCOT ST ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD George Erickson 12605 Spicewood Ct. Orlando, Fl. 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Frank Cordi 748 WOODVALLEY Way Orlando, Fl. 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michele Cordi 748 Woodvalley Way Orlando, Fl. 32825	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debbie Erickson 12605 Spisewood Ct. Orlando, Fl. 32828	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Diane Murphy 19424 E. Colonial Dr. Orlando, Fl. 32807	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. Erickson Date **6-19-00** Daytime Phone **407-275-3413**

CR2E037 (9/99)