## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 25, 2002 8:00 am Secretary of State DOCUMENT # N9700003584. 1. Entity Name ORLANDO REGIONAL CHRISTIAN EDUCATIONAL SYSTEM, I 01-25-2002 90018 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 500 S. SEMORAN BLVD. 500 S. SEMORAN BLVD. ORLANDO FL 32807 ORLANDO FL 32807 garger operation of 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3461180 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JANNEY, DAVID A 500 S. SEMORAN BLVD. ORLANDO FL 32807 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May.Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME JANNEY, DAVID A NAME STREET ADDRESS STREET ADDRESS 500 S. SEMORAN BLVD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Change ☐ Addition TITLE ☐ Delete TITLE JANNEY, AL NAME NAME STREET ADDRESS STREET ADDRESS 500 S. SEMORAN BLVD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 TITLE ☐ Delete TITLE ☐ Change ☐ Addition stokes, Keith NAME STREET ADDRESS 500 S. SEMORAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete

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.

NAME

STREET ADDRESS

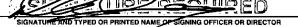
CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-7IP



1-10-02

Daytime Phone #