

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006007

1. Entity Name

THE O.P.E.N. CENTER, INC.

APPROVED
AND
FILED

00 SEP 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1310 W COLONIAL DRIVE
STE 29
ORLANDO FL 32804

Mailing Address

230 N. LAKELAND AVE.
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463538

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELZER, LAWANNA R
1310 WEST COLONIAL DRIVE
SUITE 29
ORLANDO FL 32804

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SERAAJ, KEVIN REV
STREET ADDRESS 218 S. LIME AVE.
CITY-ST-ZIP ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME GELZER, BETTY
STREET ADDRESS 425 W WASHINGTON ST
CITY-ST-ZIP ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE BM
NAME CROSBY, ADA
STREET ADDRESS 815 HILLS STREET
CITY-ST-ZIP ORLANDO FL 32805

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE TD
NAME JACKSON, DANA
STREET ADDRESS 218 S. LIME AVE.
CITY-ST-ZIP ORLANDO FL 32805

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE BM
NAME Thompson-McClary, Bery
STREET ADDRESS 6007 Beau Lane
CITY-ST-ZIP Orlando, FL 32808

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE BM
NAME Curry, James
STREET ADDRESS 811 Hills Street
CITY-ST-ZIP Orlando, FL 32805

☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seraaj

9/25/00

(407) 849-6736

Date

Daytime Phone #

CR2E037 (5/00)