

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006007

1. Entity Name

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

APPROVED  
AND  
FILED

01 APR 11 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Zip

Country

Zip

Country

4. FEI Number

59-3463538

Applied For

Not Applicable

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.

900003991429--7

-04/11/01--01039--001

\*\*\*\*\*323.75 \*\*\*\*\*70.00

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LACY, PAUL  
445 PARKBREEZE CT  
ORLANDO FL 32808

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
LEWIS, ROZ  
4626 OAK HAVEN DR APT 308  
ORLANDO FL 32839

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BM  
THOMPSON-MCCLARY, BERY  
6007 BEAU LANE  
ORLANDO FL 32808

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BM  
CURRY, JAMES  
811 HILLS ST  
ORLANDO FL 32805

☐ Delete

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

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

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 REQUIRED Kevin Seraaj

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01

CR2E037 (10/00)