

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006007

1. Entity Name

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

Principal Place of Business

Mailing Address

1310 W COLONIAL DRIVE
STE 29
ORLANDO FL 32804

230 N. LAKELAND AVE.
ORLANDO FL 32805

FILED

02 SEP 16 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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.

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

TITLE PD
NAME Seraaj, Kevin ☐ Change ☐ Addition
STREET ADDRESS 218 S. Lime Ave.
CITY-ST-ZIP Orlando, FL 32805

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

TITLE V/D
NAME Moore, M.D., Eric ☐ Change ☐ Addition
STREET ADDRESS 218 S. Lime Ave.
CITY-ST-ZIP Orlando, FL 32805

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

TITLE S/D
NAME Jackson-Carroll, Danna ☐ Change ☐ Addition
STREET ADDRESS 1310 W. Colonial Dr, Suite 29
CITY-ST-ZIP Orlando, FL 32804

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

TITLE T/O
NAME Taylor, C.P.A., Kelli ☐ Change ☐ Addition
STREET ADDRESS 1310 W. Colonial Dr., Suite 29
CITY-ST-ZIP Orlando, FL 32804

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

TITLE ☐ Change ☐ Addition
NAME 100007764671--8
STREET ADDRESS -09/16/02--01036--001
CITY-ST-ZIP *****280.00 *****70.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Kevin Saeraaj

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

(407) 648-1162

CR2E037 (9/01)