

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004282

1. Entity Name

ORLANDO SOLAR BEARS BOOSTER CLUB, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90224 040 \*\*\*\*61.25

Principal Place of Business	Mailing Address
8701 MAITLAND SUMMIT BLVD MAITLAND FL 32810	PO BOX 521085 LONGWOOD FL 32752-1085 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3528637	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOEBEL, JANICE G  
358 GLENHOLLY CT  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SNYDER, RUSSEL	
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERKINS, MARJORIE	
STREET ADDRESS	5028 PARK CENTRAL DR #2124	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DMS	<input type="checkbox"/> Delete
NAME	BIEBER, ELLA	
STREET ADDRESS	191 SPANISH OAK TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DRS	<input type="checkbox"/> Delete
NAME	GOEBEL, JANICE G	
STREET ADDRESS	358 GLENHOLLY CT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVP Cheryl Maccay
STREET ADDRESS	15840 S.R. 50, Lot 172
CITY-ST-ZIP	Clermont, FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marjorie Perkins 2/23/00 (407) 894-6803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)