

DOCUMENT # N98000007168

1. Entity Name

THE ORLANDO SCOTTISH HERITAGE GROUP, INC.

Principal Place of Business

Mailing Address

1410 N WESTMORELAND DR  
ORLANDO FL 32804

1410 N WESTMORELAND DR  
ORLANDO FL 32804-6248

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 **59-3650493**  
**APPLIED FOR**

5. Certificate of Status Desired ☐ **\$8.75** Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, ANYAH L  
1002 OHANLON CT  
OVIEDO FL 32765

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 ☐ Delete  
NAME PD  
STREET ADDRESS GORDON, JEAN L  
CITY-ST-ZIP 1410 N WESTMORELAND DR  
ORLANDO FL 32804

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS COOK, ANYAH  
CITY-ST-ZIP 1002 O'HANLON CT  
OVIEDO FL 32765-5907

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS FELDMAN, RAE  
CITY-ST-ZIP 2021 TANGERINE ST  
ORLANDO FL 32803-6531

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS LOVE, JAN  
CITY-ST-ZIP 923 W PRINCETON ST  
ORLANDO FL 32803

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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 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

29 Jan 2000

Daytime Phone #

FILED  
Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90081 050 \*\*\*\*61.25

BU015351

DO NOT WRITE IN THIS SPACE