

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 22, 2001 8:00 am
Secretary of State

04-25-2001 90057 045 *****61.25

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

2. Principal Place of Business

AS ABOVE

3. Mailing Address

PO Box 2444

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number

59-3550493

Applied For

Not Applicable

Zip

Country

Zip

32802

Country

USA

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

Name

SAME

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

City

FL

Zip Code

**COOK, ANYAH L
 1002 OHANLON CT
 OVIEDO FL 32765**

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

Anyah Cook, President

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

(NOTE: Registered Agent signature required when reinstating)

4.19.2001.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GORDON, JEAN L	
STREET ADDRESS	1410 N WESTMORELAND DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COOK, ANYAH	
STREET ADDRESS	1002 O'HANLON CT	
CITY-ST-ZIP	OVIEDO FL 32765-5907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, RAE	
STREET ADDRESS	2021 TANGERINE ST	
CITY-ST-ZIP	ORLANDO FL 32803-6531	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOVE, JAN	
STREET ADDRESS	923 W PRINCETON ST	
CITY-ST-ZIP	ORLANDO FL 32803	
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	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anyah Cook	
STREET ADDRESS	1002 O'Hanlon Ct	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	Vice President VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rae Feldman	
STREET ADDRESS	2021 Tangerine St.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Melucci	
STREET ADDRESS	242 Bentbough Dr	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Barr	
STREET ADDRESS	110 Kalpi	
CITY-ST-ZIP	Orlando, FL 32805	
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		

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:

Anyah Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.01

Date

407.919.2451

Daytime Phone #

CR2E037 (10/00)