

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90234 023 ****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**

**P.O. BOX 2444
 ORLANDO FL 32802**

2. Principal Place of Business

1002 O'HANLON COURT

3. Mailing Address

PO Box 2444

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

ORLANDO, FL

Zip

32765

Country

USA

Zip

32802

Country

USA

4. FEI Number

59-3550493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, ANYAH L
 1002 O'HANLON CT
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name **COOK, ANYAH**

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

1002 O'HANLON COURT

City

OVIEDO

FL

Zip Code

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

ANYAH COOK

4.21.02.

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

TITLE **SD** ☐ Delete
 NAME **MELUCCI, KAREN**
 STREET ADDRESS **242 BENTBOUTH DRIVE**
 CITY-ST-ZIP **LEESBURG FL 34748**

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

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

TITLE **T** ☐ Delete
 NAME **BOURR, DENNIS**
 STREET ADDRESS **11 OKALPI**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
 NAME **BROUGH, KRISTINA**
 STREET ADDRESS **454 MOFFAT LOOP**
 CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE **VP** ☒ Change ☐ Addition
 NAME **MELUCCI, RICHARD**
 STREET ADDRESS **242 Bent booth Drive**
 CITY-ST-ZIP **Leesburg, FL 34748.**

TITLE **T** ☒ Change ☐ Addition
 NAME **LOVE, JAN**
 STREET ADDRESS **923 W. Princeton Str.**
 CITY-ST-ZIP **Orlando, FL 32804.**

TITLE ☐ Change ☐ Addition
 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:

Anyah Cook
ANYAH COOK

4/21/02 407.919.2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)