## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N98000007168

LOVE, JAN

923 WEST PRINCETON STREET

ORLANDO, FL 32804

Name:

Address:

City-St-Zip:

Entity Name: THE ORLANDO SCOTTISH HERITAGE GROUP, INC.

FILED Mar 30, 2003 Secretary of State

Current Principal Place of Business:			•	New Principal Place of Business:	
1002 O'HANLON COURT OVIEDO, FL 32765 US			1410 NORTH WE ORLANDO, FL 32	STMORELAND DRIVE 2804 US	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX: ORLANDO	2444 D, FL 32802	US			
FEI Number:	: 59-3550493	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
COOK, ANYAH L 1002 O'HANLON COURT OVIEDO, FL 32765 US			GORDON, JEAN 1410 NORTH WE ORLANDO, FL 32	GORDON, JEAN 1410 NORTH WESTMORELAND DRIVE ORLANDO, FL 32804 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: JEAN GORDON				03/30/2003	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	SD ( BROUGH, KRI 454 MOFFAT OVIEDO, FL (	LOOP	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( COOK, ANYAH 1002 O'HANLO OVIEDO, FL	ON CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( MELUCCI, RIO 242 BENT BO LEESBURG, F	OTH DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAN LOVE T 03/30/2003