

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90011-036-\$61.25-\$61.25

DOCUMENT # N99000002710

1. Entity Name

HAITIAN-AMERICAN COMMUNITY DEVELOPMENT ORGANIZAT

R

Principal Place of Business

6861 W COLONIAL DR  
ORLANDO FL 32818

Mailing Address

6861 W COLONIAL DR  
ORLANDO FL 32818

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

Applied For

☒ Not Applicable

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

SEIDE, FRITZ J  
7743 CCORN WOODS CIR #223  
WINTER PARK FL 32792

SEIDE, FRITZ J  
2829 RIVER RIDGE DR  
ORLANDO, FL 32825

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
REV. PASTOR JOSEPH G. DNRA  
3020 BARRIOS AVE  
ORLANDO, FL 32811 OFFICER

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
IRLINE DUVEILLAME  
6078 WEDGEWOOD CIR.  
ORLANDO, FL 32808

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
JACQUES H. ADELSON  
7121 HIAWASSEE OAK DR  
ORLANDO, FL 32818 OFFICER

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
FRITZ J. SEIDE  
2829 RIVER RIDGE DR  
ORLANDO, FL 32825

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRITZ J. SEIDE, PRESIDENT

FILED

00 DEC -8 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2037 (5/00)