

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA9000003725** **R**
 1. Entity Name
ORLANDO POWER STARS CULTURAL ASSOCIATION

FILED
Sep 22, 2000 8:00 am
Secretary of State

09-12-2000 90002 022 ****61.25

Principal Place of Business Mailing Address
3228 QUEENS GATE ROAD, ORLANDO, FL 32818

309884

2. Principal Place of Business **SAME** 3. Mailing Address **SAME**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ORLANDO FLORIDA** City & State **ORLANDO FLORIDA**
 Zip **32818** Country **ORANGE** Zip **32818** Country **ORLANDO**

4. FEI Number **59-3599-438** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent
 Name **NONE**
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (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 ☒ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **LEO JAMES**
 CITY-ST-ZIP **3228 QUEENSGATE ROAD ORLANDO FLORIDA 32818**
 TITLE ☒ Delete
 NAME **MANAGER**
 STREET ADDRESS **KEITH TILLET**
 CITY-ST-ZIP **2950 ROUNDABOUT LANE ORLANDO FLORIDA 32818**
 TITLE ☒ Delete
 NAME **FELIX HAMILTON** **TREASURER**
 STREET ADDRESS **2236 WINSLOW CIRCLE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**
 TITLE ☒ Delete
 NAME **LEON JONES** **VICE PRESIDENT**
 STREET ADDRESS **6827 NAWADAH BLVD**
 CITY-ST-ZIP **ORLANDO, FL 32818**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 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: **Leo James** **LEO JAMES** **9/6/00** **407 2996091**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99