

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90004 020 ****61.25

DOCUMENT # N99000004630

1. Entity Name

ORDER OF THE KNIGHTS OF RIZAL CENTRAL FLORIDA CH

Principal Place of Business

Mailing Address

**500 N. BERMUDA AVENUE
 SUITE 302
 KISSIMMEE FL 34741**

**500 N. BERMUDA AVENUE
 SUITE 302
 KISSIMMEE FL 34741**

2. Principal Place of Business

7130 S. ORANGE BLOSSOM TR

3. Mailing Address

7130 S. ORANGE BLOSSOM TR

Suite, Apt. #, etc.

127

Suite, Apt. #, etc.

127

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

Zip

32809

Country

4. FEI Number

59-3598102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAGANI, VALENTIN F JR.
 500 N. BERMUDA AVENUE
 SUITE 302
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

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, 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	PD	☒ Delete
NAME	YAP, HOOVER	
STREET ADDRESS	3950 KAWA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VPD	☐ Delete
NAME	WONG, ANTHONY	
STREET ADDRESS	7020 LAKNER WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	☐ Delete
NAME	YAP, HARVEY	
STREET ADDRESS	909 WYMORE RD.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	☐ Delete
NAME	QUEVERA, RAINER	
STREET ADDRESS	1712 CHISBURY COURT	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	☐ Delete
NAME	REYNOLDS, RAY	
STREET ADDRESS	12375 ABBERTON COURT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	T	☐ Delete
NAME	BARTOLO, IMAN	
STREET ADDRESS	3892 WETHERSFIELD COURT	
CITY-ST-ZIP	TRUSVILLE FL 32786	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	GUBARRA, RAINER	
STREET ADDRESS	7130 S. ORANGE BLOSSOM TRAIL SU 127	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	VPD	☒ Change ☐ Addition
NAME	BARTOLO, IMAN	
STREET ADDRESS	7130 S. ORANGE BLOSSOM TRAIL SU 127	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D	☒ Change ☐ Addition
NAME	WONG, ANTHONY	
STREET ADDRESS	7020 LAKNER WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1000)