

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90318 026 ****61.25

DOCUMENT # N99000004630

1. Entity Name

ORDER OF THE KNIGHTS OF RIZAL CENTRAL FLORIDA CHAPTER, INC.

Principal Place of Business

7130 S. ORANGE BLOSSOM TR.
 SUITE 127
 ORLANDO FL 32809

Mailing Address

7130 S. ORANGE BLOSSOM TR.
 SUITE 127
 ORLANDO FL 32809

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

59-3598102

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

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

Name **RAINER GUEVARRA**

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

7130 S. ORANGE BLOSSOM TR.

City **ORLANDO**

FL

Zip Code **32809**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WONG, ANTHONY**
 CITY-ST-ZIP **7020 LAKNER WAY**
ORLANDO FL 32822

TITLE ☒ Change ☐ Addition
 NAME **CHAPTER COMMANDER**
 STREET ADDRESS **SIR RAINER GUEVARRA, KCR**
 CITY-ST-ZIP **7130 S. ORANGE BLOSSOM TR., SUITE 127**
ORLANDO, FLORIDA 32809

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **YAP, HARVEY**
 CITY-ST-ZIP **909 WYMORE RD.**
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
 NAME **DEPUTY COMMANDER**
 STREET ADDRESS **SIR IMAN BARTOLO**
 CITY-ST-ZIP **SAME ADDRESS**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **GUEVERA, RAINER**
 CITY-ST-ZIP **7130 S. ORANGE BLOSSOM TR SU 127**
ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
 NAME **CHAPTER CHANCELLOR**
 STREET ADDRESS **SIR ANTHONY WONG**
 CITY-ST-ZIP **7020 LAKNER WAY**
ORLANDO FL 32822

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **REYNOLDS, RAY**
 CITY-ST-ZIP **42375 ABBERTON COURT**
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
 NAME **CHAPTER ALEXISANT**
 STREET ADDRESS **SIR VICTOR MONTAANA**
 CITY-ST-ZIP **7130 S. ORANGE BLOSSOM TR., SUITE 127**
ORLANDO, FL 32809

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **BARTOLO, IMAN**
 CITY-ST-ZIP **7130 S. ORANGE BLOSSOM TR SU 127**
TITUSVILLE FL 32786

TITLE ☐ Change ☐ Addition
 NAME **CHAPTER EXCHEQUER**
 STREET ADDRESS **RAY REYNOLDS**
 CITY-ST-ZIP **CHAPTER SAME ADDRESS**

TITLE ☐ Delete
 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:

RAINER GUEVARRA

1-10-02 407-850-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)