

AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P000000035525**

1. Entity Name

Big Brothers of Orlando, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 Ivey Lane

Suite, Apt. #, etc.

3. Mailing Address

900 Ivey Lane

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32811

Country

Orange

City & State

Orlando FL

Zip

32811

Country

Orange

4. FEI Number

59 3634971

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Khalidoun Al Khub

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

2729 Palm Isle Way

City Orlando

FL

Zip Code

32829

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | President Director |
| NAME | Khalidoun Al Khub |
| STREET ADDRESS | 2729 Palm Isle Way |
| CITY - ST - ZIP | Orlando, FL 32829 |
| TITLE | Vice President, Director |
| NAME | Khaled Al Khub |
| STREET ADDRESS | 2733 Palme Isle Way |
| CITY - ST - ZIP | Orlando, FL 32829 |
| TITLE | Vice President |
| NAME | Ehrad Fahad Al Khub |
| STREET ADDRESS | 2732 Palm Isle Way |
| CITY - ST - ZIP | Orlando, FL 32829 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Khaled Al Khub

KHALED AL KHUB

VP/DIRECTOR

AUG. 28, 2002

(407) 323-7004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

FILED

02 AUG 30 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****8.75 *****8.75

2002 AMENDED

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