

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-02-2003 90100 021 ***150.00

0004000



CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000035525			
1. Entity Name BIG BROTHERS OF ORLANDO, INC.			
Principal Place of Business 900 IVEY LANE ORLANDO FL 32811		Mailing Address 900 IVEY LANE ORLANDO FL 32811	
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 59-3634971		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name KHUB, KHALDOUN AL		Name AL-KHUB-EMAD-FAHAD	
Street Address (P.O. Box Number is Not Acceptable) 2729 PALM ISLE WAY		Street Address (P.O. Box Number is Not Acceptable) 2732 PALM ISLE WAY	
City & State ORLANDO FL 32829		City & State ORLANDO, FL 32829	
City		Zip Code	
FL			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE EMAD AL-KHUB - PRESIDENT		DATE APRIL 11, 2003	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
After May 1, 2003 Fee will be \$550.00		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD KHUB, KHALDOUN AL	TITLE	PRESIDENT
NAME		NAME	AL-KHUB, EMAD FAHAD
STREET ADDRESS	2729 PALM ISLE WAY	STREET ADDRESS	2732 PALM ISLE WAY
CITY-ST-ZIP	ORLANDO FL 32829	CITY-ST-ZIP	ORLANDO, FL 32829
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD KHUB, KHALED AL	TITLE	
NAME		NAME	
STREET ADDRESS	2733 PALM ISLE WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V KHUB, EMAD FAHAD AL	TITLE	
NAME		NAME	
STREET ADDRESS	2732 PALM ISLE WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: EMAD FAHAD ALEK KHUB		PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-28-03 (407) 296-9555	
		Daytime Phone #	

CR2E034 (10/02)