

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90232 017 \*\*\*150.00

**DOCUMENT # P01000002308**

**1. Entity Name**  
**ORRACLE POLITICAL GUIDANCE SYSTEMS, INC.**



**Principal Place of Business**  
**1330 WEST LEE ROAD**  
**ORLANDO FL 32810**

**Mailing Address**  
**1330 WEST LEE ROAD**  
**ORLANDO FL 32810**

**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 01-0667954**

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**

**A.G.C. CO.**  
**200 SOUTH ORANGE AVENUE**  
**2300 SUN BANK CENTER**  
**ORLANDO FL**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ASD ☐ Delete  
**NAME** JENNINGS, BELTON E III  
**STREET ADDRESS** P.O. BOX 609400  
**CITY-ST-ZIP** ORLANDO FL 32860-9400

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** BANTER, PAT  
**STREET ADDRESS** 6211 N.W. 132ND STREET  
**CITY-ST-ZIP** GAINESVILLE FL 32653

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** CD ☐ Delete  
**NAME** SIEGEL, SARA  
**STREET ADDRESS** 201 N. NEW YORK AVENUE - SUITE 100  
**CITY-ST-ZIP** WINTER PARK FL 32789

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** FRYER, RICHARD  
**STREET ADDRESS** 5029 EDGEWATER DRIVE  
**CITY-ST-ZIP** ORLANDO FL 32810

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** DT ☐ Delete  
**NAME** ROKEH, GREGORY D  
**STREET ADDRESS** 317 WEKIVA SPRINGS ROAD  
**CITY-ST-ZIP** LONGWOOD FL 32779

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S ☐ Delete  
**NAME** VOSE, PAULETTE  
**STREET ADDRESS** PO BOX 609400  
**CITY-ST-ZIP** ORLANDO FL 32860

**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 of 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)