

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129455

1. Entity Name  
ORLANDO REEF CARETAKERS ASSOCIATION, INC.



**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90089 007 \*\*\*150.00

0012313 AV

Principal Place of Business  
5592 GARDEN GROVE CIR  
WINTER PARK FL 32792

Mailing Address  
5592 GARDEN GROVE CIR  
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

**PULLIZA, MILTON**  
5592 GARDEN GROVE CIR  
WINTER PARK FL 32792

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **P**  
CLEMENTS, VON  
STREET ADDRESS **123 SUNSET DR**  
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete  
NAME **VP**  
GOLINELLO, NICK  
STREET ADDRESS **265 BUTTERCUP CIR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
NAME **S**  
CLEMENTS, NAOMI  
STREET ADDRESS **123 SUNSET-DR**  
CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete  
NAME **T**  
PULLIZA, MILTON  
STREET ADDRESS **5592 GARDEN GROVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete  
NAME **D**  
PERRY, DOUG  
STREET ADDRESS **9926 BURL WAY**  
CITY-ST-ZIP **ORLANDO FL 32817**

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

A Hachment

86146944

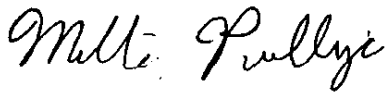
PG2000129455

August 28, 2003

To whom it may concern:

We would like to ask that the \$400 late fee be waived in our case as we did not receive a notice prior to this one. We have enclosed a check for the original \$150 and apologize for sending this in so late. Thank you for your understanding.

Sincerely,



Milton Pulliza, Treasurer

Orlando Reef Caretakers Association, Inc.