

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36860

1. Entity Name

ORLANDO COGEN II, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90100 046 ***150.00

Principal Place of Business

8300 EXCHANGE DRIVE
ORLANDO FL 32809

Mailing Address

7201 HAMILTON BOULEVARD
TAX DEPARTMENT
ALLENTOWN PA 18195-1526
US

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

23-2684433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | SUTTON, CHRIS J | |
| STREET ADDRESS | 8242 PHEASANT RUN | |
| CITY-ST-ZIP | FOGELSVILLE PA | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | GREEN, DAVID H | |
| STREET ADDRESS | 4488 LINDA LANE | |
| CITY-ST-ZIP | EMMAUS PA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DALEY, LEO J | |
| STREET ADDRESS | 5405 ANDREA DRIVE | |
| CITY-ST-ZIP | WESCONSVILLE PA | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | EVANS, JOHN C. | |
| STREET ADDRESS | 3873 MAULFAIR DRIVE | |
| CITY-ST-ZIP | ALLENTOWN PA | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | BOWES, CHARLES A., JR. | |
| STREET ADDRESS | 2257 GEORGETOWN DRIVE | |
| CITY-ST-ZIP | MALVERN PA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John E. McGlade | |
| STREET ADDRESS | 7201 Hamilton Blvd. | |
| CITY-ST-ZIP | Allentown, PA 18195 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David H. Green David H. Green

3/29/00

610-481-7598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)