

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005206

1. Entity Name

TRADITIONAL MARTIAL ARTS CENTER, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90190 036 \*\*\*150.00

Principal Place of Business

2220 HEMPLE AVE.  
WINTER GARDEN FL 34787

Mailing Address

463 SONOMA VALLEY CIRCLE  
ORLANDO FL 32835-5142  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

374 Lakeview St.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32804

Country

USA

4. FEI Number

59-3221911

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

JACKSON, SUSAN  
463 SONOMA VALLEY CIRCLE  
ORLANDO FL 32835

see ↑

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JACKSON, SUSAN  
463 SONOMA VALLEY CIRCLE  
ORLANDO FL 32835 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Jorge Orchilles  
508 Launenburg Lane  
Orlando, Fla. 34761 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SNELL, EDDIE  
9625 PINE ISLAND RD  
CLERMONT FL 34711 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Gigi Orchilles  
508 Launenburg Lane  
Orlando, Fla. 34761 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WATSON, FRANK  
2611 TRYON PLACE  
WINDERMERE FL 34786 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Jennifer Veide  
374 Lakeview St.  
Orlando, Fla. 32804 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WATSON, BECKY  
2611 TRYON PLACE  
WINDERMERE FL 34786 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MALONE, JON  
8627 WILLOW KANE CT  
ORLANDO FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MENDIZIBEL, MIGUEL  
9273 GOTHA RD  
ORLANDO FL 34786 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

(407) 296-1803

Daytime Phone #