

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035876

1. Entity Name

ORANGE COUNTY FAIR, INC.

FILED

Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90006 001 *1,650.00

Principal Place of Business

7120 LAKE ELLENOR DR.
ORLANDO FL 32809

Mailing Address

P.O. BOX 55
ORLANDO FL 32802-0055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3245977

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

BENITEZ, AGUSTIN J
7120 LAKE ELLENOR DR.
ORLANDO FL 32809

Name COFFEY, CRAIG T.

Street Address (P.O. Box Number is Not Acceptable)
7120 LAKE ELLENOR DRIVE

City ORLANDO, FLORIDA FL Zip Code 32809

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 Craig T. Coffey
Signature, typed or printed name of registered agent and when applicable

CRAIG T. COFFEY

(NOTE: Registered Agent signature required when reinstating)

1/21/00
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 | ASD STRATES, PHYLLIS R 7120 LAKE ELLENOR DR. ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS STRATES, JAMES E 7120 LAKE ELLENOR DR. ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD STRATES, MAGID S 7120 LAKE ELLENOR DR. ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS STRATES, JOHN E 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STRATES, JAY E 7120 LAKE ELLENOR DRIVE ORLANDO FL | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Phyllis R. Strates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00
Date

407 855 3939
Daytime Phone #

CR2E034 (9/99)