

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0100002 AV

DOCUMENT # P99000103458

1. Entity Name
ONIC HIGHLAND CLUB, INC.



FILED

03 MAY -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
100 SOUTH ORANGE AVENUE, 7TH FLOOR
ORLANDO FL 32801

Mailing Address
100 SOUTH ORANGE AVENUE, 7TH FLOOR
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3634890

Applied For
Not Applicable

Zip

Country

Zip

Country

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

REBER, JOHN C
109 EAST CHURCH STREET, 5TH FLOOR
ORLANDO FL 32801-3391

Name

Street Address (P.O. Box Number is Not Acceptable)

300017624563
04/30/03--01125--018 **150.00

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 PD
NAME ANSLEY, ROBERT E JR.
STREET ADDRESS 100 SOUTH ORANGE AVENUE, 7TH FLOOR
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE STD
NAME AIDA MARTIN
STREET ADDRESS 508 W. CENTRAL BLVD
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE VPD
NAME MELLEN, ROBERT L III
STREET ADDRESS 255 SOUTH ORANGE AVENUE, 17TH FLOOR
CITY-ST-ZIP ORLANDO FL 32802 ☐ Delete

TITLE D
NAME SARAH KELLY
STREET ADDRESS 201 S. ORANGE AVE, Suite 1250
CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

TITLE STD
NAME FINNEGAN, DANIEL
STREET ADDRESS 750 S ORLANDO AVENUE, #101
CITY-ST-ZIP WINTER PARK FL 32789-4845 ☒ Delete

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

TITLE OD
NAME PATTERSON, STEVEN W
STREET ADDRESS 1950 SUMMIT PARK DRIVE, #300
CITY-ST-ZIP ORLANDO FL 32810 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

407-648-1623
Daytime Phone #

CR2E034 (10/02)