

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90084 031 ***150.00

DOCUMENT # P99000111056

1. Entity Name
THE ORLANDO CENTER, INC.



Principal Place of Business
**946 NORTH MILLS AVE.
ORLANDO FL 32803**

Mailing Address
**946 NORTH MILLS AVE.
ORLANDO FL 32803**

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 **59-1884445**

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

**POPICK, DAVID W
1041 TUSCANY PLACE
WINTER PARK FL 32789**

Name **ELLIOTT Barber**

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

639 Ramona Lane #1

City **Orlando**

FL

Zip Code **32805**

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 *Elliott Barber*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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 **P** ☒ Delete
NAME **POPICK, DAVID**
STREET ADDRESS **1041 TUSCANY PLACE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VP** ☐ Delete
NAME **ALLES, SCOTT**
STREET ADDRESS **8911 TIBBITT BAY DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **S** ☒ Delete
NAME **REINHART, DAVID**
STREET ADDRESS **1041 TUSCANY PLACE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **T** ☐ Delete
NAME **BARBER, ELLIOTT**
STREET ADDRESS **639 RAMONA LANE, #1**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

Elliott Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/03 407-843-9582

CR2E034 (10/02)