

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0115856
AV

DOCUMENT # **V11886**

1. Entity Name
ORLANDO RESORT GROUP CORPORATION



FILED
03 SEP 26 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2650 HOLIDAY TRAIL
KISSIMMEE FL 34746
US**

Mailing Address
**2650 HOLIDAY TRAIL
KISSIMMEE FL 34746
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3105480**

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

**DYKXHOORN, JACOB C.
130 E. CENTRAL AVENUE
LAKE WALES FL 33853**

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **ASHDOWN, BLAKE E.**
STREET ADDRESS **601 GOLF PARK**
CITY-ST-ZIP **KISSIMMEE FL 34747**

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

TITLE **PD** ☐ Delete
NAME **IMESON, DAVID S.**
STREET ADDRESS **9045 GREAT HURON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **218 CEDAR WOODS WAY**
CITY-ST-ZIP **CANTON GA 30114**

TITLE **VD** ☐ Delete
NAME **BUCHANAN, ROGER**
STREET ADDRESS **802 ROSA STREET**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE **ST** ☐ Delete
NAME **PENCE, ROBERT**
STREET ADDRESS **232 STRATHMORE CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED IMESON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

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CR2E034 (4/03)