

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006746

**FILED**  
**Apr 19, 2023**  
**Secretary of State**  
**5899207785CC**

**Entity Name:** THE CLASSIC MG CLUB OF ORLANDO, INC.

**Current Principal Place of Business:**

180 S. KNOWLES AVENUE  
SUITE 7  
WINTER PARK, FL 32789

**Current Mailing Address:**

180 S. KNOWLES AVENUE  
SUITE 7  
WINTER PARK, FL 32789 US

**FEI Number:** 80-0224804

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RALEY, PATRICK A.  
180 S. KNOWLES AVENUE  
SUITE 7  
WINTER PARK, FL 32789 US

*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:** PATRICK A RALEY

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COOK, KATHY  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name ROGERS, PETE  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title TREASURER  
Name BEACH, DODIE  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name RALEY, PATRICK  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name COOK, LONNIE  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title VP, DIRECTOR  
Name MCCORMICK, MIKE  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT, DIRECTOR  
Name MCSWEENEY, JIM  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY  
Name REDDITT, TOM  
Address 180 S. KNOWLES AVENUE  
SUITE 7  
City-State-Zip: WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICK A RALEY

DIRECTOR

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date