

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**  
 02-26-2002 90098 015 \*\*\*\*61.25

**DOCUMENT # 708281**  
 1. Entity Name  
**ORANGE LAKE CIVIC CENTER, INC.**

Principal Place of Business <b>11803 104TH STREET NORTH LARGO FL 33773 US</b>	Mailing Address <b>11803 104TH STREET NORTH LARGO FL 33773 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1086909</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GOLDBERG, SHIRLEY A 10384 - 111TH PL., N. LARGO FL 33773</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE **2/11/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P <b>ANTOSKI, LOIS</b> STREET ADDRESS <b>10413- 118TH AVE., N.</b> CITY-ST-ZIP <b>LARGO FL 33773</b>	<input type="checkbox"/> Delete	TITLE NAME <b>DIRECTOR</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D <b>HENRIKSON, JOAN</b> STREET ADDRESS <b>10427 - 125TH AVE</b> CITY-ST-ZIP <b>LARGO FL 33773</b>	<input type="checkbox"/> Delete	TITLE NAME <b>PRESIDENT</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T <b>GOLDBERG, SHIRLEY A</b> STREET ADDRESS <b>10384 - 111TH PL., N.</b> CITY-ST-ZIP <b>LARGO FL 33773</b>	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP <b>HUHN, JANE</b> STREET ADDRESS <b>10939 - 111TH PL., N.</b> CITY-ST-ZIP <b>LARGO FL 33778</b>	<input type="checkbox"/> Delete	TITLE NAME <b>DIRECTOR</b> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D <b>GOODENOUGH, BRUCE</b> STREET ADDRESS <b>10372 - 111TH PL., N.</b> CITY-ST-ZIP <b>LARGO FL 33773</b>	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D <b>SANTARO, ONDA</b> STREET ADDRESS <b>11151 108TH LN N</b> CITY-ST-ZIP <b>LARGO FL</b>	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Shirley A Goldberg* DATE: **2/11/2002** (727) 397-7804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)