

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715680

1. Entity Name

NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION,

Principal Place of Business

Mailing Address

4253 PONCAN ROAD
P.O. BOX 786
ZELLWOOD FL 32798-7786

4253 PONCAN ROAD
P.O. BOX 786
ZELLWOOD FL 32798-0786

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

59-2022527

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

~~BARRETT, MARVIN~~
~~P O BOX 194~~
~~5003 POWKAN RD~~
~~ZELLWOOD FL 32798~~

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME ~~RD~~
STREET ADDRESS **GREEN, RAY**
CITY-ST-ZIP **5844 ROUND LAKE RD.
ZELLWOOD FL 32798**

TITLE Change Addition
NAME **BD**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD**
STREET ADDRESS **MILLER, GARRY**
CITY-ST-ZIP **222 N KELLY PARK RD
APOPKA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~SB~~
STREET ADDRESS **ODOM, FAYE**
CITY-ST-ZIP **P O BOX 279, 4629 PLYMOUTH RD
PLYMOUTH FL 32768**

TITLE Change Addition
NAME **BD**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD**
STREET ADDRESS **BARRETT, MARVIN**
CITY-ST-ZIP **P O BOX 194, 5003 PONKAN ARD
ZELLWOOD FL 32798**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VP**
STREET ADDRESS **Steve Jimmerson**
CITY-ST-ZIP **23635 Reading Road
Howey-In-the-Hills, FL 34737**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **SEC**
STREET ADDRESS **Janice Jimmerson**
CITY-ST-ZIP **23635 Reading Road
Howey-In-the-Hills, FL 34737**

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: *Marvin B. Barrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin B. Barrett **1/6/2000** **407-884-0616**
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90314 034 ****61.25