

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90458 037 \*\*\*\*61.25

**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 32798-7786

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, MARVIN**  
**P O BOX 194**  
~~5000 PONCAN 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: **BD**  Delete  
 NAME: **GREEN, RAY**  
 STREET ADDRESS: **5844 ROUND LAKE RD.**  
 CITY-ST-ZIP: **ZELLWOOD FL 32798**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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

TITLE: **BD**  Change  Addition  
 NAME: **John Johnson**  
 STREET ADDRESS: **1598 STEFFAN COK LN**  
 CITY-ST-ZIP: **Apopka, FL 32703**

TITLE: **PD**  Delete  
 NAME: **BARRETT, MARVIN**  
 STREET ADDRESS: **P O BOX 194, ~~5000 PONCAN RD~~**  
 CITY-ST-ZIP: **ZELLWOOD FL 32798**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: **2100 PARK FOREST BLVD.**  
 CITY-ST-ZIP: **MT DORA 32757**

TITLE: **VP**  Delete  
 NAME: **JIMMERSON, STEVE**  
 STREET ADDRESS: **23635 READING ROAD**  
 CITY-ST-ZIP: **HOWEY IN THE HILLS FL 34737**

TITLE: **VP**  Change  Addition  
 NAME: **STATTON, MICHEAL**  
 STREET ADDRESS: **32239 WOLFBRANCH LN,**  
 CITY-ST-ZIP: **SORRENTO, FL 32776**

TITLE: **SEC**  Delete  
 NAME: **JIMMERSON, JANICE**  
 STREET ADDRESS: **23635 READING ROAD**  
 CITY-ST-ZIP: **HOWEY IN THE HILLS FL 34737**

TITLE: **SEC**  Change  Addition  
 NAME: **RUSSELL, LEONA C.**  
 STREET ADDRESS: **32239 WOLFBRANCH LN,**  
 CITY-ST-ZIP: **SORRENTO, FL 32776**

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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-1-01

Date

407-886-4640

Daytime Phone #

CR2E037 (10/00)