

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90134 039 \*\*\*\*61.25

**DOCUMENT # 715680**

1. Entity Name

**NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, MARVIN**  
**P O BOX 194**  
**ZELLWOOD FL 32798**

Name  
**STATTON, MICHEAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**32239 WOLFBRANCH LANE**

City  
**SORRENTO** **FL** Zip Code  
**32776**

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	<input type="checkbox"/> Delete
NAME <b>GREEN, RAY</b>	
STREET ADDRESS <b>5844 ROUND LAKE RD.</b>	
CITY-ST-ZIP <b>ZELLWOOD FL 32798</b>	
TITLE TD	<input type="checkbox"/> Delete
NAME <b>MILLER, GARRY</b>	
STREET ADDRESS <b>222 N KELLY PARK RD</b>	
CITY-ST-ZIP <b>APOPKA FL</b>	
TITLE BD	<input type="checkbox"/> Delete
NAME <b>JOHNSON, JOHN</b>	
STREET ADDRESS <b>1598 STEFFAN COK LANE</b>	
CITY-ST-ZIP <b>APOPKA FL 32703</b>	
TITLE PD	<input type="checkbox"/> Delete
NAME <b>BARRETT, MARVIN</b>	
STREET ADDRESS <b>2100 PARK FOREST BLVD</b>	
CITY-ST-ZIP <b>MOUNT DORA FL 32757</b>	
TITLE VP	<input type="checkbox"/> Delete
NAME <b>STATTON, MICHAEL</b>	
STREET ADDRESS <b>32239 WOLFBRANCH LANE</b>	
CITY-ST-ZIP <b>SORRENTO FL 32776</b>	
TITLE SEC	<input type="checkbox"/> Delete
NAME <b>RUSSELL, LEONA C</b>	
STREET ADDRESS <b>32239 WOLFBRANCH LANE</b>	
CITY-ST-ZIP <b>SORRENTO FL 32776</b>	

TITLE DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BIRKO, DAVID</b>	
STREET ADDRESS <b>P. O. BOX 196, ZELLWOOD, FL 32798</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, JOHN</b>	
STREET ADDRESS <b>P. O. BOX 876, ZELLWOOD, FL 32798</b>	
CITY-ST-ZIP	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STATTON, MICHEAL</b>	
STREET ADDRESS <b>32239 WOLFBRANCH LN, SORRENTO, FL 32776</b>	
CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HODGES, RANDY</b>	
STREET ADDRESS <b>4407 W. PONKAN, APOPKA, FL 32712</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)