

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728511

1. Entity Name

ORCHID SPRINGS VILLAGE, NO. 400, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90078 044 ****61.25

Principal Place of Business 400 EL CAMINO DR APT #210 WINTER HAVEN FL 33884 US	Mailing Address 400 EL CAMINO DR APT #210 WINTER HAVEN FL 33884-1604 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2637333	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASSIDY, ALBERT H 100 ORCHID SPRINGS DR. WINTER HAVEN FL

7. Name and Address of New Registered Agent	
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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMSON, NANCY 400 EL CAMINO DR APT #107 WINTER HAVEN FL 33884 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIVENS, JOAN D 400 EL CAMINO DR APT 123 WINTER HAVEN FL 33884 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WANDREY, MARY L 400 EL CAMINO DR, APT 204 WINTER HAVEN FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GENTRY E. 400 EL CAMINO DR #210 WINTER HAVEN FL 33884 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, VERONA 400 EL CAMINO DR. #210 WINTER HAVEN FL 33884 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. WILLIAMSON, NANCY - V.P. 400 EL CAMINO DR. #107 WINTER HAVEN, FL 33884 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK WANDREY - D 400 EL CAMINO DR. #204 WINTER HAVEN, FL 33884 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GENTRY E. TAYLOR 400 EL CAMINO DR #210 WINTER HAVEN, FL 33884 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RUTH EVERETT R9 400 EL CAMINO DR. #210 WINTER HAVEN, FL 33884 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Verona Taylor A. Taylor 3/17/2000 863-326-9627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)