2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90002 009 ****61.25

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DOCUMENT # 728511

1. Entity Name

ORCHID SPRINGS VILLAGE, NO. 400, INC.

Principal Place of Business	Mailing Address
400 EL CAMINO DR APT #210 WINTER HAVEN FL 33834 US	400 EL CAMINO DR APT #210 WINTER HAVEN FL 33884 US

DO NOT WRITE IN THIS SPACE

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 59-2637333 ☐ 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
CASSIDY, ALBERT H 100 ORCHID SPRINGS DR. WINTER HAVEN FL	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMSON, NANCY 400 EL CAMINO DR APT #107 WINTER HAVEN FL 33884	☐ Delete	[illegible]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WANDREY, FRANK 400 EL CAMINO DR APT 123 WINTER HAVEN FL 33884	☒ Delete	Secty John Greer 400 El Camino Dr. apt 207 Winter Haven, Fl 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WANDREY, MARY L 400 EL CAMINO DR, APT 204 WINTER HAVEN FL	☒ Delete	Director Vernon Swanson 400 El Camino Dr apt 111 Winter Haven, Fl 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, GENTRY E. 400 EL CAMION DR #210 WINTER HAVEN FL 33884	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, VERONA 400 EL CAMINO DR. #210 WINTER HAVEN FL 33884	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERB, RUTH 400 EL CAMINO DR #210 WINTER HAVEN FL 33884	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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.

VERONA TAYLOR

SIGNATURE: SIGNATURE REQUIRED Verona Taylor 03-30-01 863-326-9627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #