

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90184 018 ****61.25

DOCUMENT # 728511

1. Entity Name

ORCHID SPRINGS VILLAGE, NO. 400, INC.

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
 US**

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	VP	☐ Delete
NAME	WILLIAMSON, NANCY	
STREET ADDRESS	400 EL CAMINO DR APT #107	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	☐ Delete
NAME	GREER, JOHN	
STREET ADDRESS	400 EL CAMINO DR APT 207	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	☐ Delete
NAME	SWANSON, VERNON	
STREET ADDRESS	400 EL CAMINO DR APT 111	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	P	☐ Delete
NAME	TAYLOR, GENTRY E.	
STREET ADDRESS	400 EL CAMION DR #210	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	☐ Delete
NAME	TAYLOR, VERONA	
STREET ADDRESS	400 EL CAMINO DR. #210	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	☒ Delete
NAME	EVERB, RUTH	
STREET ADDRESS	400 EL CAMINO DR #210	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	George Richter	
STREET ADDRESS	400 EL CAMINO DR #107	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 #

Verona A. Taylor
Verona A. Taylor

CR2E037 (9/01)