

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90088 048 ****61.25

DOCUMENT # 762699

1. Entity Name

ORANGE COUNTY BAR ASSOCIATION FOUNDATION, INC.

Principal Place of Business

**880 N ORANGE AVENUE #100
ORLANDO FL 32801**

Mailing Address

**880 N ORANGE AVENUE #100
ORLANDO FL 32801**

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

59-2215141

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

**ORANGE COUNTY BAR ASSOCIATION, INC.
880 N ORANGE AVENUE #100
ORLANDO FL 32801**

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 **EC** ☐ Delete
NAME **SANGIOVANNI, PAUL L**
STREET ADDRESS **390 N. ORANGE AVE., #600**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☒ Delete
NAME **BOYNTON, GARY J**
STREET ADDRESS **330 N BROADWAY AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
NAME **Thelsby, WAYNE L.**
STREET ADDRESS **201 S. ORANGE AVE. SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **EC** ☐ Delete
NAME **PALMER, REBECCA L**
STREET ADDRESS **215 N. EOLA DR.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete
NAME **SUBLETTE, WILLIAM E**
STREET ADDRESS **25 S MAGNOLIA AVE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **WILSON, BRIAN T**
STREET ADDRESS **719 VASSAR ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ED** ☐ Delete
NAME **BARNES, SUSIE K**
STREET ADDRESS **880 N ORANGE AVE #100**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2002 407-422-4551

Date

Daytime Phone # **x103**

CP2E037 (9/01)