

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90194 047 ****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

P.O. Box 530085

Suite, Apt. #, etc.

NO SUITE

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

Zip

Country

Zip

32853-0085

Country

4. FEI Number **59-2215141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

90010504



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Suzanne G. Barker

1-13-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	EC	☒ Delete
NAME	SANGIOVANNI, PAUL L	
STREET ADDRESS	390 N. ORANGE AVE., #600	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	☒ Delete
NAME	HELSEBY, WAYNE	
STREET ADDRESS	201 S ORANGE AVENUE STE 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	P	☒ Delete
NAME	SUBLETTE, WILLIAM E	
STREET ADDRESS	25 S MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☒ Delete
NAME	WILSON, BRIAN T	
STREET ADDRESS	719 VASSAR ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ED	☐ Delete
NAME	BARNES, SUSIE K	
STREET ADDRESS	880 N ORANGE AVE #100	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	JULIE O'KANE	
STREET ADDRESS	DEBEAUBIEN, KNIGHT ET AL.	
CITY-ST-ZIP	332 N. MAGNOLIA AVE. ORLANDO FL 32801	
TITLE	D	☐ Change ☒ Addition
NAME	PAUL SCHECK	
STREET ADDRESS	SHUTTS + BOWEN, LLP	
CITY-ST-ZIP	300 S. ORANGE AVE STE 1000 ORLANDO FL 32801	
TITLE	D	☐ Change ☒ Addition
NAME	JAMES F. PAGE, JR.	
STREET ADDRESS	GRAY HARRIS + ROBINSON	
CITY-ST-ZIP	301 E. PINE ST., STE 1400 ORLANDO FL 32801	
TITLE	D	☐ Change ☒ Addition
NAME	YVETTE R. BROWN	
STREET ADDRESS	DEBEAUBIEN, KNIGHT, ET AL.	
CITY-ST-ZIP	332 N. MAGNOLIA AVE. ORLANDO FL 32801	
TITLE	D	☐ Change ☐ Addition
NAME	ESTHER WHITEHEAD	
STREET ADDRESS	STATE ATTORNEYS OFFICE	
CITY-ST-ZIP	415 N. ORANGE AVE. ORLANDO FL 32801	
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:

Suzanne G. Barker

1-13-03 407-422-4551

CR2E037 (10/02)