

2000 UNIFORM BUSINESS REPORT (UBR)

0632662

DOCUMENT # F22174
 1. Entity Name
ORANGE LAKE COUNTRY CLUB, INC.

FILED
00 MAR -7 PM 12: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8505 W IRLO BRONSON MEM HWY **8505 W IRLO BRONSON MEM HWY**
KISSIMMEE FL 34747-8201 **KISSIMMEE FL 34747-8206**
US **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 **58-1434701** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILSON, SPENCE 1629 WINCHESTER ROAD MEMPHIS TN 38116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAN, CHARLES K III. 8505 W IRLO BRONSON MEM HWY KISSIMMEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CAROLE WILSON 1629 WINCHESTER RE MEMPHIS TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILSON, KEMMONS JR 1629 WINCHESTER RD MEMPHIS TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PETTEY, JOHN 1629 WINCHESTER RD MEMPHIS TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLIN, R.E. 1629 WINCHESTER RD MEMPHIS TN <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (See attached list)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003169704--4 -03/14/00--01112--024 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP C. Kemmons Wilson, Jr. 1629 Winchester Rd. Memphis, TN 28116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian T. Lower 2/7/00 (407) 239-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Senior Vice President Date Daytime Phone #

CR2E034 (9/99)

ORANGE LAKE COUNTRY CLUB, INC.
(FEI # 58-1434701)

1629 Winchester Road
Memphis, TN 38116

Kemmons Wilson	D/C, Emeritus
Spence Wilson	D/C
Robert A. Wilson	D/P
C. Kemmons Wilson, Jr.	D/P
Betty Wilson Moore	D
Carole Wilson West	D
John H. Pettey, III	V/T
R.E. Wallin	S
William Batt	Asst. S/Asst. T
Amy Jarreau	Asst. S
Gary McClain	Asst. T

8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747

Charles K. Swan, III	P
Brian T. Lower	V/Asst. S
Mike Stopperich	V
Ron Juneman	V
Robert L. Shaw	V
Michael Thompson	V

D=Director, C=Chairman, P=President, V=Vice President, S=Secretary, T=Treasurer,
Asst.=Assistant,