2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N21862 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name THE ORLO VISTA CHAMBER OF COMMERCE 04-25-2000 90089 037 ****61.25 Principal Place of Business Mailing Address P.O. BOX 616556 38 SOUTH HASTINGS STREET ORLANDO FL 32861-6556 ORLANDO FL 32835 3. Mailing Address 2. Principal Place of Business same same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number - 59-1652428 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -___ Name Street Address (P.O. Box Number is Not Acceptable) **BRAGG, FRANCES** 19 SOUTH TYLER STREET P.O. BOX 616146 Zip Code City ORLANDO FL 32861 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 name of registered agen (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. SD ☐ Change ★★ Addition TITLE TITLE X Delete NAME Carletta Thompson NAME JONES, BILLIE J STREET ADDRESS STREET ADDRESS 6038 W. HARWOOD ST. 443 So. Hart St. Orlando' FL 32835 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 Change XX Addition X Delete TITLE VΡ TITLE Annie Megginson 34 N. Buena Vista Ave. NAME NAME LARSON, PAUL STREET ADDRESS STREET ADDRESS 6405 OLD WINTER GARDEN RD. CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32835 ORLANDO FL 32835 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Jones, Elza B STREET ADDRESS STREET ADDRESS 6038 W. HARWOOD ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change XX Addition SVP SVP Delete TITLE TITLE NAME Sheila Mobley NAME LOPEZ, ROBERT 133 No. Buena Vista Ave. STREET ADDRESS STREET ADDRESS 121 N. NOWELL ST. Orlando, FL 32835 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change XX Addition TITLE Delete TITLE NAME NAME CHANDLEY, DAVID Doris Oliver STREET ADDRESS STREET ADDRESS 23 N. NOWELL ST. 35 No. Buena Vista Ave. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 <u>Orlando, FL 32835</u> XX Addition Change TD ☐ Delete TITLE NAME Walter E. Veith NAME COLE, MARGUERITE K STREET ADDRESS STREET ADDRESS 6443 OLD WINTER GARDEN ROAD 6012 W. Central Ave. CITY-ST-ZIP 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

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

changed, or on an attachment with an address, with all other like empowered