

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90005 013 \*\*\*\*61.25

**DOCUMENT # N21862**

1. Entity Name

**THE ORLO VISTA CHAMBER OF COMMERCE**

Principal Place of Business

**38 SOUTH HASTINGS STREET  
 ORLANDO FL 32835  
 US**

Mailing Address

**P.O. BOX 616556  
 ORLANDO FL 32861  
 US**

2. Principal Place of Business

**- same as above -**

3. Mailing Address

**- same as above -**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1652428**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRAGG, FRANCES  
 19 SOUTH TYLER STREET  
 P.O. BOX 616146  
 ORLANDO FL 32861**

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 \_\_\_\_\_

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

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>SD</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>THOMPSON, CARLETTA</b>          |  |
| STREET ADDRESS | <b>443 SO. HART ST</b>             |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>            |  |
| TITLE          | <b>PRESIDENT</b>                   | <input type="checkbox"/> Delete            |
| NAME           | <b>MEGGINSON, ANNIE</b>            |  |
| STREET ADDRESS | <b>34 N BUENA VISTA AVE</b>        |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>            |  |
| TITLE          | <b>P</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JONES, ELZA B</b>               |  |
| STREET ADDRESS | <b>6038 W. HARWOOD ST.</b>         |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>            |  |
| TITLE          | <b>SVP</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MOBLEY, SHEILA</b>              |  |
| STREET ADDRESS | <b>133 NO. BUENA VISTA AVE</b>     |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>            |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>OLIVER, DORIS</b>               |  |
| STREET ADDRESS | <b>35 NO. BUENA VISTA AVE</b>      |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>            |  |
| TITLE          | <b>TD</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>COLE, MARGUERITE K</b>          |  |
| STREET ADDRESS | <b>6443 OLD WINTER GARDEN ROAD</b> |  |
| CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>            |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |   |
|----------------|---|---|
| TITLE          | <b>SD</b>                                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>FRANCES BRAGG</b>                      |   |
| STREET ADDRESS | <b>P.O. BOX 616146</b>                    |   |
| CITY-ST-ZIP    | <b>ORLANDO, FL <del>32861</del> 32861</b> |   |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |   |   |
| STREET ADDRESS |   |   |
| CITY-ST-ZIP    |   |   |
| TITLE          | <b>2VP</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>DONNA ROWE</b>                         |   |
| STREET ADDRESS | <del>6513</del> <b>6513 Chantry St.</b>   |   |
| CITY-ST-ZIP    | <b>ORLANDO, FL 32835</b>                  |   |
| TITLE          | <b>1VP</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>WALTER VEITH</b>                       |   |
| STREET ADDRESS | <b>12 South Nowell St.</b>                |   |
| CITY-ST-ZIP    | <b>ORLANDO, FL 32835</b>                  |   |
| TITLE          | <b>D</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>Harold Cole</b>                        |   |
| STREET ADDRESS | <b>6443 OLD WINTER GARDEN ROAD</b>        |   |
| CITY-ST-ZIP    | <b>ORLANDO, FL 32835</b>                  |   |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> 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

**3-13-2001**

Date

Daytime Phone #

CR2E037 (10/00)