

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0089160

03-29-2002 91405 031 \*\*\*\*61.25

**DOCUMENT # N21862**

1. Entity Name

**THE ORLO VISTA CHAMBER OF COMMERCE**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

**as above**

3. Mailing Address

**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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **SD Secretary**  Delete  
 NAME **BRAGG, FRANCES**  
 STREET ADDRESS **19 So. Tyler Street**  
 CITY-ST-ZIP **PO BOX 616146 ORLANDO FL 32861**

TITLE **President**  Change  Addition  
 NAME **Elza B. Jones**  
 STREET ADDRESS **6038 West Harwood St.**  
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE **VP**  Delete  
 NAME **MEGGINSON, ANNIE**  
 STREET ADDRESS **34 N BUENA VISTA AVE**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **1st VP**  Change  Addition  
 NAME **Jack Helms**  
 STREET ADDRESS **5928 Uona St.**  
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE **2VP**  Delete  
 NAME **ROWE, DONNA**  
 STREET ADDRESS **6513 CHANTRY ST**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **2nd VP**  Change  Addition  
 NAME **Billie J. Jones**  
 STREET ADDRESS **6038 West Harwood St.**  
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE **1VP**  Delete  
 NAME **VEITH, WALTER**  
 STREET ADDRESS **12 SOUTH NOWELL ST**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Director #1**  Change  Addition  
 NAME **Wilma Chandley**  
 STREET ADDRESS **23 North Nowell St.**  
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE **D**  Delete  
 NAME **COLE, HAROLD**  
 STREET ADDRESS **6443 OLD WINTER GARDEN ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Director #2**  Change  Addition  
 NAME **David Chandley**  
 STREET ADDRESS **23 North Nowell St.**  
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE **TD Treasurer**  Delete  
 NAME **COLE, MARGUERITE K**  
 STREET ADDRESS **6443 OLD WINTER GARDEN ROAD**  
 CITY-ST-ZIP **ORLANDO FL 32835**

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:

*Frances P. Bragg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCES P. BRAGG 3/17/02**

Date

Daytime Phone #

CR2E037 (9/01)

401-293-3493