

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90128 009 ****61.25

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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
as above

3. Mailing Address
as above

Suite, Apt. #, etc.

City & State

Zip Country **USA**
~~ORANGE~~

Zip Country **USA**
~~ORANGE~~

4. FEI Number **59-1652428**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	SD	<input checked="" type="checkbox"/> Delete
NAME	BRAGG, FRANCES	
STREET ADDRESS	19 SO TYLER ST.	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	HELMS, JACK	
STREET ADDRESS	5928 UONA ST	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, BILLIE J	DR
STREET ADDRESS	6038 W HARWOOD ST	
CITY-ST-ZIP	ORLANDO FL 32835	2003
TITLE	D1	<input checked="" type="checkbox"/> Delete
NAME	CHANDLEY, WILMA	
STREET ADDRESS	23 N NOWELL ST	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D2	<input checked="" type="checkbox"/> Delete
NAME	CHANDLEY, DAVID	
STREET ADDRESS	23 N NOWELL ST	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLE, MARGUERITE K /same as 2002	
STREET ADDRESS	6443 OLD WINTER GARDEN ROAD	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lu Ann Tetelbaum	
STREET ADDRESS	6618 Chantry St. Teitelbaum	
CITY-ST-ZIP	Orlando, FL 32835	2003
TITLE	1VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Cummings	
STREET ADDRESS	315 So. Observatory Dr.	
CITY-ST-ZIP	Orlando, FL 32835	2003
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilma Chandley	
STREET ADDRESS	23 N. Nowell St.	
CITY-ST-ZIP	Orlando, FL 32835	2003
TITLE	D1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Oliver	
STREET ADDRESS	35 No. Buena Vista Dr.	
CITY-ST-ZIP	Orlando, FL 32835	2003
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elza B. Jones/same as 2002	
STREET ADDRESS	6038 West Harwood St.	
CITY-ST-ZIP	Orlando, FL 32835	2003
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marguerite K. Cole	
STREET ADDRESS	6443 Old Winter Garden Road	
CITY-ST-ZIP	Orlando, FL 32835	2003

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: *Marguerite K. Cole* **MARGUERITE K. COLE 3/18/03 407-422-6554**

CR2E037 (10/02)