

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90172 003 \*\*\*\*61.25

0068861

**DOCUMENT # N39410**  
 1. Entity Name  
**WEEKENDS OF GREATER ORLANDO, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>626 N. LAKE FORMOSA DR.<br/>ORLANDO FL 32803</b> | Mailing Address<br><b>P.O. BOX 536055<br/>ORLANDO FL 32853-6055<br/>US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-3020242</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LANG, THOMAS F  
 14 E. WASHINGTON ST., SUITE 600  
 ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>DEY, MICHAEL</b>                      |
| STREET ADDRESS | <b>932 W. CENTRAL BLVD</b>               |
| CITY-ST-ZIP    | <b>ORLANDO FL 32805</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>DEMPSEY, KATIE</b>                    |
| STREET ADDRESS | <b>626 N LAKE FORMOSA DRIVE</b>          |
| CITY-ST-ZIP    | <b>ORLANDO FL 32803</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>WILDER, SONYA</b>                     |
| STREET ADDRESS | <b>200 S. ORANGE AVENUE MC 1011</b>      |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>PRICE, CHARLES</b>                    |
| STREET ADDRESS | <b>4603 W.COLONIAL DR</b>                |
| CITY-ST-ZIP    | <b>ORLANDO FL 32808</b>                  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Johnson, Sonya Wilder</b>                                      |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| 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 **1/27/02** **407-898-8277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)