

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006576

1. Entity Name

KEEP ORLANDO BEAUTIFUL, INC.

FILED

00 MAR 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1010 S. WOODS AVENUE ORLANDO FL 32805	Mailing Address 1010 S. WOODS AVENUE ORLANDO FL 32805-3855
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0829554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IENNACO, AMY T-ESQ.
400 S. ORANGE AVENUE
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 _____ (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 NAME	D LYNAUGH, ANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2000 N. FORSYTH ROAD	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE NAME	D COX, ROGER M	<input type="checkbox"/> Delete
STREET ADDRESS	1010 S. WOODS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE NAME	D HOWARD, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	400 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	C FERRY, JANE	<input type="checkbox"/> Delete
STREET ADDRESS	1010 S WOODS AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE NAME	T DAHLBERG, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	1010 S. WOODS AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Hall, Susan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1417 Atlanta Ave. PO Box 568867	
CITY-ST-ZIP	Orlando, FL 32856	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ROGER M. COX** 2-9-2000 407-246-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)