

# 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

Principal Place of Business Mailing Address  
1010 S. WOODS AVENUE ORLANDO FL 32805  
1010 S. WOODS AVENUE ORLANDO FL 32805-3855

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0829554** Applied For Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_ 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 NAME D <b>LYNAUGH, ANNE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>2000 N. FORSYTH ROAD</b>	
CITY-ST-ZIP <b>ORLANDO FL 32807</b>	
TITLE NAME D <b>COX, ROGER M</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S. WOODS AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32805</b>	
TITLE NAME D <b>HOWARD, RICHARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>400 S. ORANGE AVENUE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32801</b>	
TITLE NAME C <b>FERRY, JANE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S WOODS AVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32805</b>	
TITLE NAME T <b>DAHLBERG, SHARON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1010 S. WOODS AVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32805</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D <b>Hall, Susan</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1417 Atlanta Ave. PO Box 568867</b>	
CITY-ST-ZIP <b>Orlando, FL 32856</b>	
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)