

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90238 038 *****70.00

DOCUMENT # N97000006576

1. Entity Name

KEEP ORLANDO BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

**1010 S. WOODS AVENUE
 ORLANDO FL 32805**

**1010 S. WOODS AVENUE
 ORLANDO FL 32805**

00005913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0829554

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

**IENNACO, AMY T ESQ.
 400 S. ORANGE AVENUE
 ORLANDO FL 32801**

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 **D** Delete
 NAME **HALL, SUSAN**
 STREET ADDRESS **1417 ATLANTA AVE.**
 CITY-ST-ZIP **ORLANDO FL 32856**

TITLE **D** Change Addition
 NAME **FISKUM, DAVID**
 STREET ADDRESS **5019 SHELLEY COURT**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **D** Delete
 NAME **COX, ROGER M**
 STREET ADDRESS **1010 S. WOODS AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOWARD, RICHARD**
 STREET ADDRESS **400 S. ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** Change Addition
 NAME **CHAMBERLIN II, WILLIAM G.**
 STREET ADDRESS **1010 S WOODS AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **C** Delete
 NAME **FERRY, JANE**
 STREET ADDRESS **1010 S WOODS AVE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **DAHLBERG, SHARON**
 STREET ADDRESS **1010 S. WOODS AVE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: ROGER M. COX 1-8-02 407-246-2260
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)