2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am DOCUMENT # N97000006919 **Secretary of State** 1. Entity Name WEST ORANGE POLITICAL ALLIANCE, INC. 02-08-2000 90051 036 ****61 25 190 GREGIEDAD VAC Principal Place of Business Mailing Address 12184 W COLONIAL DR. 12184 W COLONIAL DR WINTER GARDEN FL 34787 RUULIQUE WINTER GARDEN FL 34787-4141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE وبتنبين City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applie Zip Country Country \$8.75 Additional 5. Certificate of Status Desired . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Gretchen S. Adent 12184 West Colonial Drive Winter Garden, FL City 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 \$5.00 May Be **FILE NOW:** 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 🖸 Delete TITI F ☐ Change TITLE D NAME AMON, JACK NAME Gretchen S. Adent STREET ADDRESS 219 W OAKLAND AVE STREET ADDRESS 12184 West Colonial Drive CITY-ST-ZIP ORLANDO FL 34760 Winter Garden, FL 34787 Change TITLE **™** Delete TITLE Đ NAME NAME ardaman, A. Kurt Dale DeWitt STREET ADDRESS STREET ADDRESS 170 E WASHINGTON STREET P. O. Box 770337 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801-2397 Winter Garden, FL 34777 TITLE Delete TITLE NAME BOHN, TOM M NAME James Karr STREET ADDRESS 12148 W COLONIAL DR STREET ADDRESS P. O. Box 135 CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Windermere, FL 34786 TITLE Change ☑ Delete TITLE NAME O'KEEFE; DAN NAME STREET ADDRESS 111 N ORANGE AVE STE 1800 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 □ ☐ Delete Change CAPPLEMAN, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 10000 W COLONIAL DR STE 1403 CITY-ST-ZIP OCOEE FL 34161 TITLE TITI F Change NAME PETRO, DANNIEL J NAME STREET ADDRESS STREET ADDRESS 130 KISSIMMEE AVE CITY-ST-ZIP CITY-ST-ZIP **OCOEE FL 34761**

12. Thereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/68/3000

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