

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90022 001 ****61.25

DOCUMENT # N97000006919

1. Entity Name

WEST ORANGE POLITICAL ALLIANCE, INC.

Principal Place of Business

Mailing Address

12184 W COLONIAL DR
 WINTER GARDEN FL 34787

12184 W COLONIAL DR
 WINTER GARDEN FL 34787

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

NOT APPLICABLE

Applied For
 Not Applicable

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

ADENT, GRETCHEN S
 12184 W COLONIAL DR
 WINTER GARDEN FL 34787

Name **DANIEL T. O'KEEFE**
 Street Address (P.O. Box Number is Not Acceptable)
SHUTTS & BOWEN, LLP
300 SO. ORANGE AVE SUITE 1000
 City **ORLANDO** FL Zip Code **32802-4956**

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]

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 **AMON, JACK**
 STREET ADDRESS **219 W OAKLAND AVE**
 CITY-ST-ZIP **ORLANDO FL 34760**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **DANIEL T. O'KEEFE**
 STREET ADDRESS **300 SO. ORANGE AVE. SUITE 1000**
 CITY-ST-ZIP **ORLANDO, FL 32802-4956**

TITLE **D** ☐ Delete
 NAME **CAPPLEMAN, JOHN**
 STREET ADDRESS **10000 W COLONIAL DR STE 1403**
 CITY-ST-ZIP **OCOE FL 34161**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ANN BLAKELEY**
 STREET ADDRESS **1227 MARSHALL FARMS ROAD**
 CITY-ST-ZIP **OCOE, FL 34761**

TITLE **D** ☒ Delete
 NAME **PETRO, DANNIEL J**
 STREET ADDRESS **130 KISSIMEE AVE**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **KURT ARDAMAN**
 STREET ADDRESS **170 EAST WASHINGTON ST.**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/2002

407-656-1304

CR2E037 (9/01)