

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90060 030 \*\*\*\*70.00

**DOCUMENT # N98000002596**  
 1. Entity Name  
**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSO  
 CIATION III, INC.**

Principal Place of Business Mailing Address  
**8505 W IRLO BRONSON MEMORIAL HWY** **8505 W IRLO BRONSON MEMORIAL HWY**  
**KISSIMMEE FL 34747** **KISSIMMEE FL 34747**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-3517163** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOWER, BRIAN T**  
**8505 W IRLO BRONSON MEMORIAL HWY**  
**KISSIMMEE FL 34747**

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 STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>SWAN, CHARLES K III</b> <b>8505 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WILSON, SPENCE</b> <b>8505 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LOWER, BRIAN T</b> <b>8505 W IRLO BRONSON MEMORIAL HWY</b> <b>KISSIMMEE FL 34747</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Swan, Charles K.III</b> <b>8505 W. Irlo Bronson Mem. Hwy.</b> <b>Kissimmee, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/T</b> <b>Wilson, Spence</b> <b>8505 W. Irlo Bronson Memorial Hwy.</b> <b>Kissimmee, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
**Brian T. Lower, Director** 4/25/02 407.239.0000

CR2E037 (9/01)

ATTACH # N98000002596 / 046621

**ORANGE LAKE COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION  
III, INC.  
(FEI #59-3517163)**

**1629 Winchester Road  
Memphis, TN 38116**

Spence Wilson

D/VP/T

**8505 West Irlo Bronson Memorial Hwy.  
Kissimmee, FL 34747**

Charles K. Swan  
Brian T. Lower

D/P  
D/S

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief  
Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary,  
T=Treasurer, Asst.=Assistant