

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91216 004 ****70.00

DOCUMENT # N99000006635

1. Entity Name

ORANGE LAKE COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

**18349 NW 60 AVE
 ORANGE LAKE FL 32681**

**P O BOX 232
 ORANGE LAKE FL 32681**

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

59-3626572

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

**JAMERSON, MITCHELL
 18349 NW 60 AVE
 ORANGE LAKE FL 32681**

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 NAME STREET ADDRESS CITY-ST-ZIP	ASD PARKS, RENEE 5445 N W 185TH ST ORANGE LAKE FL 32681	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC SMITH, ALFRED D 5850 NW 185TH STREET REDDICK FL 32686	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JAMERSON, MITCHELL 18349 NW 60 TH AVE ORANGE LAKE FL 32681	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ARTHUR L PO BOX 331 ORANGE LAKE FL 32681	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LOWERY, WANDA 5850 N W 185TH ST REDDICK FL 32686	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDAVID, MARVIS P O BOX 331 ORANGE LAKE FL 32681	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Parks, Renee 5336 NW 190th Street ORANGE LAK, FL 32681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC Smith Thomas J. 5850 N.W. 185th St. Reddick FL 32686	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keith Gordon Keith P.O. Box 246 Orange Lake, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Lowery, Lowanda 8660 N.W. 11th Terr. Ocala, FL 34475	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marvis McDavid P.O. Box 736 Orange Lake FL 32681	<input checked="" 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:

Mitchell Jamerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

852-591-5088

CR2E037 (9/01)

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