

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90206 008 ****70.00

DOCUMENT # N99000006635

1. Entity Name

ORANGE LAKE COMMUNITY CLUB, INC.



Principal Place of Business

18349 NW 60 AVE
ORANGE LAKE FL 32681

Mailing Address

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mitchell Jamerson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ASD	<input type="checkbox"/> Delete
NAME	PARKS, RENEE	
STREET ADDRESS	5336 NW 190TH STREET	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE	2VC	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS J	
STREET ADDRESS	5850 NW 185TH STREET	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	C	<input type="checkbox"/> Delete
NAME	JAMERSON, MITCHELL	
STREET ADDRESS	18349 NW 60 TH AVE	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORDON, KEITH	
STREET ADDRESS	P O BOX 246	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE	VC	<input type="checkbox"/> Delete
NAME	LOWERY, LAWANDA	
STREET ADDRESS	8630 NW 11TH TERRACE	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDAVID, MARVIS	
STREET ADDRESS	P O BOX 736	
CITY-ST-ZIP	ORANGE LAKE FL 32681	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mitchell Jamerson **UBR REQUIRED** *President/CEO*

4-15-03 352-571-0531

CR2E037 (10/02)