

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380133

1. Entity Name
ORANGE-CO OF FLORIDA, INC. ✓

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90013 035 ***550.00

Principal Place of Business
2020 US HIGHWAY 17 SOUTH
BARTOW FL 33830
US

Mailing Address
P.O. BOX 2158
BARTOW FL 33831-2158
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12010 N.E. HWY 70

3. Mailing Address
12010 N.E. HWY 70

City & State
ARCADIA, FLORIDA

City & State
ARCADIA, FLORIDA

4. FEI Number **59-1320991**

Applied For
 Not Applicable

Zip - Country
34266 US

Zip - Country
34266 US

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

BRUWELHEIDE, DALE A
2020 US HWY 17 S.
BARTOW FL 33830

Name
JEROME M. NEWLIN

Street Address (P.O. Box Number is Not Acceptable)
12010 N.E. HWY 70

City **ARCADIA, FL** Zip Code **34266**

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 JEROME M. NEWLIN DATE 9/13/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOONEY, GENE 2020 U.S. HWY 17 S. BARTOW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRIFFIN, BEN H III 700 SOUTH ALT HWY 237 FROSTPROOF FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, BENARD W 640 S. MAIN, ST. LABELLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BRUWELHEIDE, DALE A 2020 U.S HWY 27 S. BARTOW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCBEE, BERNARD 2020 US HWY 17 S BARTOW F;	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV ALEXANDER, JOHN R. 2020 U.S. HWY. 17 S. BARTOW FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/CHAIRMAN DANIEL STERN 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT CRAIG HUFF 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/EXECUTIVE VP GREGG ZEITLIN 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SAL DE FRANCO 650 MADISON AVENUE, 26TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CELIA FELSHER 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OF OPERATIONS JEROME M. NEWLIN 12010 N.E. HWY 70 ARCADIA, FLORIDA 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/13/00

Daytime Phone #

CR2E034 (5/00)