

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90016 002 \*\*\*550.00

**DOCUMENT # 380133**  
 1. Entity Name  
**ORANGE-CO OF FLORIDA, INC.**

Principal Place of Business 12010 NE HWY 70 ARCADIA FL 34266 US	Mailing Address 12010 NE HWY 70 ARCADIA FL 34266 US
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UUUUUbbb



DO NOT WRITE IN THIS SPACE

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 <b>59-1320991</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**NEWLIN, JEROME M**  
**12010 NE HWY 70**  
**ARCADIA FL 34266**

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

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 12, 2001 Fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOONEY, GENE <input checked="" type="checkbox"/> Delete 2020 U.S. HWY 17 S. BARTOW FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRIFFIN, BEN H III <input checked="" type="checkbox"/> Delete 700 SOUTH ALT HWY 237 FROSTPROOF FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, BENARD W <input checked="" type="checkbox"/> Delete 640 S. MAIN, ST. LABELLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BRUWELHEIDE, DALE A <input checked="" type="checkbox"/> Delete 2020 U.S. HWY 27 S. BARTOW FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCBEE, BERNARD <input checked="" type="checkbox"/> Delete 2020 US HWY 17 S BARTOW F;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV ALEXANDER, JOHN R. <input checked="" type="checkbox"/> Delete 2020 U.S. HWY. 17 S. BARTOW FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANIEL STERN 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRAIG HUFF 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/EXECUTIVE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GREGG ZEITLIN 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAL DE FRANCO 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CELIA FELSHER 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OF OPERATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JEROME M. NEWLIN 12010 N.E. HWY 70 ARCADIA, FLORIDA 34266

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: *Jerome M. Newlin* **SIGNATURE REQUIRED** *7/19/01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E04 (5/01)