

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90049 018 ***150.00

DOCUMENT # 233107

1. Entity Name

WILLIAMS COMPANY OF ORLANDO, INC.

Principal Place of Business

**2301 SILVER STAR ROAD
ORLANDO FL 32804**

Mailing Address

**2301 SILVER STAR ROAD
ORLANDO FL 32804**

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

59-0884225

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

**WILLIAMS, BRUCE E.
2301 SILVER STAR ROAD
ORLANDO FL 32804**

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 | VSD President/Sec/Dir. <input type="checkbox"/> Delete |
| NAME | WILLIAMS, ALAN R. |
| STREET ADDRESS | 3209 MIDDLESEX RD |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | LIPSCOMB, ROBERT |
| STREET ADDRESS | 1831 BIMINI DR |
| CITY-ST-ZIP | ORLANDO FL 32806 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | JENNY, PAUL L. |
| STREET ADDRESS | 13707 BL. LAGOON DR. |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | PTD Chairman/CEO/Finas <input type="checkbox"/> Delete |
| NAME | WILLIAMS, BRUCE E. |
| STREET ADDRESS | 2301 SILVER STAR RD |
| CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | PAGE, R L |
| STREET ADDRESS | 880 BRIGHTON PL BLVD |
| CITY-ST-ZIP | KISSIMMEE FL 34744 |
| TITLE | V <input checked="" type="checkbox"/> Delete |
| NAME | ALEXANDER, R C |
| STREET ADDRESS | 344 HAMPTON HILLS CT |
| CITY-ST-ZIP | DEBARY FL 32713 |

| | |
|----------------|--|
| TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Chris Rollins |
| STREET ADDRESS | 2301 Silver Star Rd |
| CITY-ST-ZIP | Orl FL 32804 |
| TITLE | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mark Munago |
| STREET ADDRESS | 2301 Silver Star Rd |
| CITY-ST-ZIP | Orl FL 32804 |
| TITLE | Vice President / Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Janice McThomas-Lowery |
| STREET ADDRESS | 2301 Silver Star Rd |
| CITY-ST-ZIP | Orl FL 32804 |
| 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 | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0064085