

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242445

1. Entity Name

ORANGE-CO, INC.

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

09-18-2000 90013 039 ***550.00

Principal Place of Business

2020 HWY 17 S.
BARTOW FL 33830
US

Mailing Address

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

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

3. Mailing Address
12010 N.E. HWY 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ARCADIA, FLORIDA

City & State
ARCADIA, FLORIDA

4. FEI Number 59-0918547

Applied For

Not Applicable

Zip
34266

Country
US

Zip
34266

Country
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 U.S. 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

9/13/00

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 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 DC ☒ Delete
NAME GRIFFIN, BEN HILL III
STREET ADDRESS 700 S. ALT. HWY 27
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE DIRECTOR/CHAIRMAN ☐ Change ☒ Addition
NAME DANIEL STERN
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE PD ☒ Delete
NAME MOONEY, GENE
STREET ADDRESS 2020 U.S. HWY. 17 S
CITY-ST-ZIP BARTOW FL 33830

TITLE DIRECTOR/PRESIDENT ☐ Change ☒ Addition
NAME CRAIG HUFF
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Delete
NAME COONROD, RICHARD A.
STREET ADDRESS 5720 SMETANA DRIVE, SUITE 300
CITY-ST-ZIP MINNETONKA MN 55343

TITLE DIRECTOR/EXECUTIVE VP ☐ Change ☒ Addition
NAME GREGG ZEITLIN
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Delete
NAME COURY, PAUL E MD
STREET ADDRESS 1875 HERMOSA AVENUE
CITY-ST-ZIP BARTOW FL 33830

TITLE TREASURER ☐ Change ☒ Addition
NAME SAL DE FRANCO
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE VTS ☒ Delete
NAME BRUWELHEIDE, DALE
STREET ADDRESS 2020 US HWY 17 S
CITY-ST-ZIP BARTOW FL 33830

TITLE SECRETARY ☐ Change ☒ Addition
NAME CELIA FELSHER
STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT OF OPERATIONS ☐ Change ☒ Addition
NAME JEROME M. NEWLIN
STREET ADDRESS 12010 N.E. HWY 70
CITY-ST-ZIP 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:

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

9/13/00

Date

Daytime Phone #

CR2E034 (5/00)