

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90234 016 ***150.00

DOCUMENT # 242445

1. Entity Name
ORANGE-CO, INC.



Principal Place of Business
**12010 NE HWY 70
ARCADIA FL 34266
US**

Mailing Address
**12010 NE HWY 70
ARCADIA FL 34266
US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0918547**

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

**NEWLIN, JEROME M.
12010 N. E. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **DC** ☒ Delete
NAME **STERN, DANIEL**
STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **PD** ☒ Delete
NAME **HUFF, CRAIG**
STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **DEVP** ☒ Delete
NAME **ZEITLIN, GREGG**
STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **T** ☒ Delete
NAME **GOLDBERG, AARON**
STREET ADDRESS **650 MADISON AVENUE 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **S** ☒ Delete
NAME **FELSHER, CELIA**
STREET ADDRESS **650 MADISON AVENUE, 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **VP/O** ☐ Delete
NAME **NEWLIN, JEROME M**
STREET ADDRESS **12010 N. E. HWY 70**
CITY-ST-ZIP **ARCADIA FL 34266**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **STEPHEN W. RYAN**
STREET ADDRESS **3003 TAMiami TRAIL N. #400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **SR VP** ☐ Change ☒ Addition
NAME **JIM MERCER**
STREET ADDRESS **3003 TAMiami TRAIL, N. #400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **VP HARVESTING** ☐ Change ☒ Addition
NAME **ED CLEMENT**
STREET ADDRESS **12010 N.E. HWY 70**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **VP HARVESTING** ☐ Change ☒ Addition
NAME **ED CLEMENT**
STREET ADDRESS **12010 N.E. HWY 70**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **VP HARVESTING** ☐ Change ☒ Addition
NAME **ED CLEMENT**
STREET ADDRESS **12010 N.E. HWY 70**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **VP HARVESTING** ☐ Change ☒ Addition
NAME **ED CLEMENT**
STREET ADDRESS **12010 N.E. HWY 70**
CITY-ST-ZIP **ARCADIA, FL 34266**

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 607, 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:

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

Date

Daytime Phone #

4/17/03

239-261-4455

CR2E034 (10/02)