

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 266708

1. Entity Name

ORANGE ELECTRIC COMPANY

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90069 015 ***150.00

Principal Place of Business

Mailing Address

7205 EDGEWATER DR
P. O. BOX 607775
ORLANDO FL 32810
US

7205 EDGEWATER DR
P. O. BOX 607775
ORLANDO FL 32810-3425
US

2. Principal Place of Business

3. Mailing Address

7205 Edgewater Dr.
Suite, Apt. #, etc.

7205 Edgewater Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip 32810 Country USA

City & State
Orlando, FL 32810
Zip 32810 Country USA

4. FEI Number 59-1083506

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

ORNBERG, JERRY V.
25944 SACKAMAXON DRIVE
SORRENTO, FL
SORRENTO FL 32776

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
MULL, DELMER J
2802 PONKAN PINES DR
APOPKA, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ORNBERG, JERRY V.
25944 SACKAMAXON
SORRENTO, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
ORNBERG, WALLACE W.
ROUTE THREE, BOX 479
MARION NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
ORNBERG, DONNA G
25944 SACKAMAXON DR
SORRENTO FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Donna G. Ornberg VST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00 407-293-1120

Date

Daytime Phone #

Donna G. Ornberg

CR2E034 (9/99)