

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

308958

1. Entity Name

West Orange Appliances, Inc.

Principal Place of Business

11600 Phillips Road
Groveland, FL 34736

Mailing Address

11600 Phillips Road
Groveland, FL 34736

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

591152035

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00026851

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**L. W. Funk
728 19th Street
Orlando, FL 32805

Name

L.W. Funk

Street Address (P.O. Box Number is Not Acceptable)

City

11600 Phillips Road
Groveland

FL

Zip Code

34736

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

L. W. Funk

3/15/01

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	President-Director	<input type="checkbox"/> Delete
NAME	L.W. Funk	
STREET ADDRESS	11660 Phillips Road	
CITY-ST-ZIP	Groveland, FL 34736	

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George L. Berry	
STREET ADDRESS	14435 Lost Lake Road	
CITY-ST-ZIP	Clermont, FL 34711	

TITLE	Secretary-Treasurer	<input type="checkbox"/> Delete
NAME	Esther O. Funk	
STREET ADDRESS	11660 Phillips Road	
CITY-ST-ZIP	Groveland, FL 34736	

TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tami L. Berry	
STREET ADDRESS	237 N. Highland Avenue	
CITY-ST-ZIP	Winter Garden, FL 34787	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

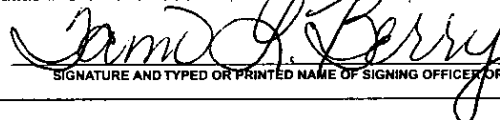
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:


Tami L. Berry

3/15/01

407-838-5278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)