

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 324953****1. Entity Name**
ORANGE OAK FOREST CORPORATION**Principal Place of Business**
927 SOUTH NEW YORK AVE
LAKELAND FL 33803**Mailing Address**
927 SOUTH NEW YORK AVE
LAKELAND FL 33803**2. Principal Place of Business**

510 W Patterson St

Suite, Apt. #, etc.

3. Mailing Address

510 W Patterson St

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip**Country**

33803

Zip**Country**

33803

4. FEI Number 59-1203690**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**SIMON, ANGELINA
927 S NEW YORK AVE
LAKELAND FL 33803**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	D	<input type="checkbox"/> Delete
NAME	TRUGLIO, MARY	
STREET ADDRESS	927 S NEW YORK AVE	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMON, ANGELINA	
STREET ADDRESS	927 S. NEW YORK AVENUE	
CITY - ST - ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
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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:**Angelina T. Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date****Daytime Phone #**

4-29-01

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90007 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)