

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380133

1. Entity Name

ORANGE-CO OF FLORIDA, INC.

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

09-18-2000 90013 035 ***550.00

Principal Place of Business

2020 US HIGHWAY 17 SOUTH
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 59-1320991

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

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

TITLE DC
NAME GRIFFIN, BEN H III
STREET ADDRESS 700 SOUTH ALT HWY 237
CITY-ST-ZIP FROSTPROOF FL ☒ Delete

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

TITLE D
NAME LESTER, BENARD W
STREET ADDRESS 640 S. MAIN, ST.
CITY-ST-ZIP LABELLE FL ☒ Delete

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

TITLE VTS
NAME BRUWELHEIDE, DALE A
STREET ADDRESS 2020 U.S HWY 27 S.
CITY-ST-ZIP BARTOW FL ☒ Delete

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

TITLE V
NAME MCBEE, BERNARD
STREET ADDRESS 2020 US HWY 17 S
CITY-ST-ZIP BARTOW FL ☒ Delete

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

TITLE DSV
NAME ALEXANDER, JOHN R.
STREET ADDRESS 2020 U.S. HWY. 17 S.
CITY-ST-ZIP BARTOW FL ☒ Delete

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

9/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)