<b>2001 UNIFORM BUSINESS</b>	REPORT	(UBR
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## **FILED** Aug 07, 2001 8:00 am Secretary of State 380133 DOCUMENT # 1. Entity Name ORANGE-CO OF FLORIDA, INC. 08-07-2001 90016 002 \*\*\*550 00 Principal Place of Business Mailing Address 12010 NE HWY 70 12010 NE HWY 70 ARCADIA FL 34266 ARCADIA FL 34266 UUUbubbb 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1320991 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent NEWLIN, JEROME M Street Address (P.O. Box Number is Not Acceptable) 12010 NE HWY 70 ARCADIA FL 34266 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 JEROME M. NEWLIN 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE XX Delete TITLE DIRECTOR/CHAIRMAN ☐ Change xx Addition MOONEY, GENE NAME DANIEL STERN NAME 650 MADISON AVENUE, 26TH FLOOR STREET ADDRESS 2020 U.S. HWY 17 S. STREET ADDRESS NEW YORK, NY 10022 BARTOW FL CITY-ST-ZIP CITY-ST-7IP DC TITLE XX Delete TITLE ☐ Change X/Addition DIRECTOR/PRESIDENT GRIFFIN, BEN H III NAME CRAIG HUFF STREET ADDRESS 700 SOUTH ALT HWY 237 STREET ADDRESS 650 MADISON AVENUE, 26TH FLOOR CITY-ST-7IP FROSTPROOF FL NEW YORK, NY 10022 CITY-ST-ZIP TITLE Delete TITLE DIRECTOR/EXECUTIVE VP GREGG ZEITLIN Change **XX**Addition LESTER, BENARD W NAME NAME STREET ADDRESS 640 S. MAIN, ST. 650 MADISON AVENUE, 26TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 LABELLE FL CITY-ST-ZIP **VTS** TITLE XX Delete TITLE Change **XX**Addition TREASURER BRUWELHEIDE, DALE A NAME SAL DE FRANCO 650 MADISON AVENUE, STREET ADDRESS 2020 US.S HWY 27 S. STREET ADDRESS 26TH FLOOR CITY-ST-ZIP NEW YORK, NY 10022 **BARTOW FL** CITY-ST-ZIP TITLE XX Delete TITLE SECRETARY ☐ Change **₹**X Addition MCBEE, BERNARD NAME CELIA FELSHER NAME 650 MADISON AVENUE, 26TH FLOOR NEW YORK, NY 10022 STREET ADDRESS 2020 US HWY 17 S STREET ADDRESS CITY-ST-ZIP BARTOW F; CITY-ST-ZIP DSV VICE PRESIDENT OF OPERATIONS XX Delete TITLE ☐ Change XX Addition ALEXANDER, JOHN R. JEROME M. NEWLIN NAME NAME 12010 N.E. HWY 70 STREET ADDRESS 2020 U.S. HWY, 17 S. STREET ADDRESS ARCADIA, FLORIDA 34266 CITY-ST-ZIP **BARTOW FL**

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.

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #