

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537595

1. Entity Name

ORLANDO WINTER GARDEN KOA, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90017 022 \*\*\*150.00

Principal Place of Business

Mailing Address

13905 W. COLONIAL DR  
GARDEN FL 34787

13905 W. COLONIAL DR  
WINTER GARDEN FL 34787-4203  
US

2. Principal Place of Business

3. Mailing Address

9220 Cromwell Gardens Ct 9220 Cromwell Gardens Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 59-1741142

Applied For

Not Applicable

Zip  
32827

Country

Zip  
32827

Country

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

DIANE DUPPENTHALER  
466 SAND LIME RD  
WINTER GARDEN FL 34787

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 SD ☐ Delete  
NAME DUPENTHALER, DIANE  
STREET ADDRESS 466 SAND LIME RD  
CITY-ST-ZIP WINTER GARDEN, FL

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

TITLE PD ☐ Delete  
NAME LALLOS, RICHARD A.  
STREET ADDRESS 13905 W COLONIAL DR  
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9220 Cromwell Gardens Court  
CITY-ST-ZIP Orlando FL 32827

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

407-420-5211

Daytime Phone #

CR2E034 (9/99)