

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90030 017 ***150.00

DOCUMENT # 537595

1. Entity Name
ORLANDO WINTER GARDEN KOA, INC.

Principal Place of Business
9220 CROMWELL GARDEN COURT
ORLANDO FL 32827
US

Mailing Address
9220 CROMWELL GARDEN COURT
ORLANDO FL 32827
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1741142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DIANE DUPPENTHALER
9220 CROMWELL GARDENS CT
ORLANDO FL 32827

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **SD** ☐ Delete
 NAME **DUPENTHALER, DIANE**
 STREET ADDRESS **468 SAND LIME RD**
 CITY-ST-ZIP **WINTER GARDEN, FL**

TITLE **PD** ☐ Delete
 NAME **LALLOS, RICHARD A.**
 STREET ADDRESS **4220 CROMWELL GARDENS COURT**
 CITY-ST-ZIP **ORLANDO FL 32827**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
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 CITY-ST-ZIP **Orlando FL 32827**

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CR2E034 (9/01)

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

Date

Daytime Phone #

Diane Duppenthaler **Diane Duppenthaler** 4/18/02 407 240 5211