

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684913

1. Entity Name

ORLANDO WEST, INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90950 042 \*\*\*150.00

Principal Place of Business

7620 MARKET STREET  
P O BOX 9128  
YOUNGSTOWN OH 44153-9128  
US

Mailing Address

7620 MARKET STREET  
P O BOX 9128  
YOUNGSTOWN OH 44153-9128  
US

2. Principal Place of Business

100 DEBARTOLO PLACE  
P.O. BOX 9430

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

YOUNGSTOWN OH

City & State

Zip

Country

44513

USA

Zip

Country

4. FEI Number 34-1318228

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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          | VS                     | <input type="checkbox"/> Delete            |
| NAME           | WOLFCAL, ARTHUR D., JR |  |
| STREET ADDRESS | 7620 MARKET ST         |  |
| CITY-ST-ZIP    | YOUNGSTOWN, OH 00000   |  |
| TITLE          | VTD                    | <input type="checkbox"/> Delete            |
| NAME           | DAVENPORT, LYNN E.     |  |
| STREET ADDRESS | 7620 MARKET ST         |  |
| CITY-ST-ZIP    | YOUNGSTOWN, OH 00000   |  |
| TITLE          | VD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | YORK, MARIE            |  |
| STREET ADDRESS | 7620 MARKET STREET     |  |
| CITY-ST-ZIP    | YOUNGSTOWN OH          |  |
| TITLE          | V                      | <input checked="" type="checkbox"/> Delete |
| NAME           | MURPHY, JAMES F.       |  |
| STREET ADDRESS | 7620 MARKET STREET     |  |
| CITY-ST-ZIP    | YOUNGSTOWN OH          |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | SECRETARY/DIRECTOR            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | AUBREY B. HARWEN, JR.         |  |
| STREET ADDRESS | 100 DEBARTOLO PLACE SUITE 300 |  |
| CITY-ST-ZIP    | YOUNGSTOWN, OH 44513          |  |
| TITLE          | ASST. TREASURER               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | 100 DEBARTOLO PLACE SUITE 300 |  |
| CITY-ST-ZIP    | YOUNGSTOWN, OH 44513          |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | PRESIDENT/DIRECTOR            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EDWARD W. MURANSKY            |  |
| STREET ADDRESS | 100 DEBARTOLO PLACE SUITE 300 |  |
| CITY-ST-ZIP    | YOUNGSTOWN, OH 44513          |  |
| TITLE          | TREASURER/DIRECTOR            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GARY LOCKHART                 |  |
| STREET ADDRESS | 100 DEBARTOLO PLACE SUITE 300 |  |
| CITY-ST-ZIP    | YOUNGSTOWN, OH 44513          |  |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN E. DAVENPORT

4-17-01

Date

330-729-9832

Daytime Phone #

CR2E034 (10/00)