2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # 709586** 1. Entity Name WEST ORANGE COUNTRY CLUB, INC. 01-20-2000 90119 003 ****61.25 Principal Place of Business Mailing Address 3300 W.O.C.C. DRIVE 3300 W.O.C.C. DRIVE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1155668 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required ORANGE grange 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PICKENS, CURTIS 3202 WEST ORANGE COUNTRY CLUB DRIVE WNTERR GARDEN FL 34787 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **BROOKS, RANDY** NAME STREET ADDRESS 994 CROSS CUT WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete ☐ Change ☐ Addition TITLE TITLE SCHWEIGER, JAMES J NAME NAME STREET ADDRESS STREET ADDRESS 8052 ASPEN CREST COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☐ Addition Delete TITLE TITLE Daniela and the second TOOMBS, BERNARD L NAME NAME STREET ADDRESS STREET ADDRESS 456 SADDELL BAY LOOP CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 D-Chairman TITLE **Change** Addition **Delete** TITI F Curtis Pickens TOOMBS, DOROTHY G NAME NAME 3202 West orange country clab PAINE STREET ADDRESS STREET ADDRESS 456 SADDELL BAY LOOP CITY-ST-ZIP CITY-ST-ZIP OCOEE FL 34761 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Pickers - Chairman

Daytime Phone #