

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709586

1. Entity Name

WEST ORANGE COUNTRY CLUB, INC.

Principal Place of Business

3300 W.O.C.C. DRIVE
WINTER GARDEN FL 34787

Mailing Address

3300 W.O.C.C. DRIVE
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1155668

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

PICKENS, CURTIS
3202 WEST ORANGE COUNTRY CLUB DRIVE
WINTER GARDEN FL 34787

Name

RANDY BROOKS

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 RANDY BROOKS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
D BROOKS, RANDY
STREET ADDRESS 994 CROSS CUT WAY
CITY-ST-ZIP LONGWOOD FL 32750

TITLE NAME ☐ Change ☒ Addition
D GREG OLSON
STREET ADDRESS 8054 HORSE FERRY ROAD
CITY-ST-ZIP ORLANDO, FL 32835

TITLE NAME ☐ Delete
D SCHWEIGER, JAMES J
STREET ADDRESS 8052 ASPEN CREST COURT
CITY-ST-ZIP ORLANDO FL 32835

TITLE NAME ☒ Change ☐ Addition
D/C RANDY BROOKS
STREET ADDRESS 1618 COBBLERIDGE COURT
CITY-ST-ZIP APOPKA, FL 32712

TITLE NAME ☒ Delete
D TOOMBS, BERNARD L
STREET ADDRESS 456 SADDLE BAY LOOP
CITY-ST-ZIP OCOEE FL 34761

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
D PICKENS, CURTIS
STREET ADDRESS 3202 W ORANGE COUNTRY CLUB DR
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90031 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)