

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728559

1. Entity Name

COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY,

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-15-2000 90011 043 ****70.00

Principal Place of Business

Mailing Address

621 WILKES AVENUE
ORLANDO FL 32809

621 WILKES AVENUE
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1499489

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

HEWITT, FRANCES
1634 WIND HARBOR ROAD
ORLANDO FL 32809

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

FILE NOW: FEE IS \$61.25

After September 13, 2000, min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLDERBACH, RENEE	
STREET ADDRESS	3821 GATLIN WOOD DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ROBERTA	
STREET ADDRESS	6629 CRENSHAW DR.	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIPERNA, DAVE	
STREET ADDRESS	11 S. LAWSONS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEWITT, FRANCES	
STREET ADDRESS	1634 WIND HARBOR RD.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	Dir.	<input type="checkbox"/> Delete
NAME	Lee Pates	
STREET ADDRESS	621 Wilks Ave.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberta Thomas	
STREET ADDRESS	6629 Crenshaw Dr.	
CITY-ST-ZIP	Orlando, FL 32833	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaVon Bracey	
STREET ADDRESS	2210 So. Rio Grande Ave.	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEE PATES

8-10-00 851-5920

CR2E037 (5/00)