

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734017

1. Entity Name

EAST ORANGE COMMUNITY ACTION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90205 030 ****70.00

604771



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12050 E COLONIAL DRIVE
ORLANDO FL 32826

Mailing Address
12050 E COLONIAL DRIVE
ORLANDO FL 32826-4705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1802666

Applied For
Not Applicable

Zip Country

Zip Country

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

STILES, PATRICIA
1465 VAN HERCKE LANE
ORLANDO FL 32766

Name: RHAME, PATRICIA
Street Address (P.O. Box Number is Not Acceptable)
1465 VAN HERCKE LANE
City: CHULUOTA FL Zip Code: 32766

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	SHAGINAW, CRISTINE	
STREET ADDRESS	21129 REINDEER RD.	
CITY-ST-ZIP	CHRISTMAS FL	
TITLE	PED	<input type="checkbox"/> Delete
NAME	MONTERO, JUANITA	
STREET ADDRESS	7638 DIONE COURT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STILES, PATRICIA	
STREET ADDRESS	1465 VAN HERCKE LANE	
CITY-ST-ZIP	CHULUOTA FL 32766	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIDDOUR, LARRY	
STREET ADDRESS	8209 CASTINAGO	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, DIANE	
STREET ADDRESS	1758 BONNEVILLE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ESPINOSA, ANTHONY	
STREET ADDRESS	20634 NOTTLETON ST.	
CITY-ST-ZIP	ORLANDO FL 32833	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, SHIRLEY	
STREET ADDRESS	10345 ELLENWOOD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHAME, PATRICIA	
STREET ADDRESS	1465 VAN HERCKE LANE	
CITY-ST-ZIP	CHULUOTA, FL 32766	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM DUNHAM	
STREET ADDRESS	1548 INDIANHEAD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32828	

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: Patricia Stiles 1/11/2000 (407) 273-2941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)