

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90006 032 ****70.00

DOCUMENT # 734907

1. Entity Name
WEST ORANGE YOUTH CENTER ASSOCIATION, INC.

Principal Place of Business

**110 HENDERSON STREET
 WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 770925
 WINTER GARDEN FL 34777-0925**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**ANDERSON, RANDY
 473 MEADOW SWEET COURT
 OCOEE FL 34761**

Name

Same agent new address

Street Address (P.O. Box Number is Not Acceptable)

7734 Bridgestone Dr.

City

Oelands

FL

Zip Code

32835

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 BAKER, HENRY M
 541 E. CYPRESS STREET
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*(New address) DP
 10629 4th Ave.
 Ocoee, FL 34761* ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 ANDERSON, RANDY
 473 MEADOW SWEET COURT
 OCOEE FL 34761** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*(New address) DVP
 7734 Bridgestone Dr.
 Oelands, FL 32835* ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 STRICKLAND, DARRELL
 748 S. VINELAND ROAD
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*(New address) DVP
 356 E. Lafayette St.
 Winter Garden, FL 34787* ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DS
 METTS, ANGILEE
 210 PENNSYLVANIA AVE
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*Director Sherri Weed D
 128 E. Newell St.
 Winter Garden, FL 34787* ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 BAKER, CATHERINE A
 541 E CYPRESS STREET
 WINTER GARDEN FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*(New address) DT
 10629 4th Ave.
 Ocoee, FL 34761* ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 POCZIK, GLEN
 1006 STUCKI TERRACE
 WINTER GARDEN FL 34787** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
*(New address) D
 5950 Westgate Dr.
 Apt. # 102
 Oelands, FL 32835* ☐ 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

3/13/01
 Date

(407) 650-1541
 Daytime Phone #

CR2E037 (10/00)