## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Feb 03, 2003 8:00 am Secretary of State DOCUMENT # 764272 02-03-2003 90067 039 \*\*\*\*61.25 WIDOWED PERSON SERVICE OF GREATER ORLANDO. INC. Principal Place of Business Mailing Address 90016061 PO BOX 536954 PO BOX 536954 ORLANDO FL 32853-6954 ORLANDO FL 32853-6954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country 🗻 🗈 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REMUS, VICKY Street Address (P.O. Box Number is Not Acceptable) 1508 OSPREY AVE ORLANDO FL 32803 City 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 Forget. I am familiar with, and accept the obligations of registered agent. nt and title if applicable (NOTE: Registered 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition TITLE Delete TITLE Change KOPKE, SALLY NAME NAME 301 WE IVANHOE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change Addition TITLE Delete TITLE REMUS, VICKY NAME NAME 1508, OSPREY, AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Change ☐ Addition Delete TITLE TITLE FOLKEN, MOLLY NAME NAME valnut Street STREET ADDRESS 1620 MAYFLOWER COURT, B-406 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-7IP Delete TITLE THORNTON, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 808 W CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Addition TITLE TITLE ☐ Delete WEST, KATHLEEN NAME NAME STREET ADDRESS 6756 RUBENS COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

110 KUK emus 1-31-03-4078985905 SIGNATURE:

CR2E037 (10/02)