

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C930000000009

1. Entity Name

WEST ORANGE HEALTHCARE DISTRICT, INC.

NO INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90037 020 ****61.25

Principal Place of Business

Mailing Address

10000 WEST COLONIAL DR.
OCOE FL 34761

10000 WEST COLONIAL DR.
OCOE FL 34761-3498

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

59-0660025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRWIN, RICHARD M JR
10000 WEST COLONIAL DR.
OCOE FL 34761

RICHARD

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

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

T ☐ Delete
NAME COBB, WALTON JR
STREET ADDRESS 718 STINNETT DR.
CITY-ST-ZIP OCOEE FL 34761

☒ Change ☐ Addition
NAME
STREET ADDRESS 2808 TROPIC COURT
CITY-ST-ZIP WINTER GARDEN, FL 34787

T ☐ Delete
NAME MURPHY, JOHN E JR
STREET ADDRESS 1741 WOODY DR
CITY-ST-ZIP WINDERMERE FL 34786

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ Delete
NAME CAPPELMAN, JOHN M MD
STREET ADDRESS 10000 W COLONIAL DR, SUITE 1403
CITY-ST-ZIP OCOEE FL 34761

☒ Change ☐ Addition
NAME CAPPELMAN
STREET ADDRESS Suite 187
CITY-ST-ZIP

T ☐ Delete
NAME JOWERS, H. GERALD
STREET ADDRESS 13178 W COLONIAL DR
CITY-ST-ZIP WINTER GARDEN FL 34787

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

1/19/00

Date

Daytime Phone #

CR2E037 (9/99)