

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F71015

1. Entity Name

THE FRIENDLY VILLAGE OF ORANGE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90056 020 \*\*\*150.00

Principal Place of Business  
1095 WEST MORSE BLVD.  
WINTER PARK FL 32789  
US

Mailing Address  
1095 WEST MORSE BLVD.  
WINTER PARK FL 32789-3741  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2227269**  
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

BANGS, TERRY W. (DR.)  
1095 MORSE BLVD.  
WINTER PARK FL 32789

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BANGS, TERRY W. (DR.)	
STREET ADDRESS	1095 WEST MORSE BLVD	
CITY-ST-ZIP	WINTER PARK, FL 00000 32789	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHULTZ, KENNETH H	
STREET ADDRESS	1095 WEST MORSE BLVD	
CITY-ST-ZIP	WINTER PARK, FL 00000 32789	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth Schultz* Kenneth Schultz

02/01/00

(407) 645-3211 x35

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

Date

Daytime Phone #

CR2E034 (9/99)