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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000133

1. Entity Name

WEST ORANGE-SOUTH LAKE TRANSPORTATION TASK FORCE

JR

FILED
01 OCT 15 PM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
220 N. TUBB ST. OAKLAND FL 34760	220 N. TUBB ST. OAKLAND FL 34760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12184 WEST COLONIAL DR.	12184 WEST COLONIAL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL	City & State: WINTER GARDEN, FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. FEI Number: 59-3623291 ~~59-3623309~~ ☐ 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
O'QUINN, MICHAEL A.U. 28 W. CENTRAL AVE., 4TH FLOOR ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 After September 12, 2001, min. will be $236.25	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	D VANDERLEY, JON 220 N. TUBB ST. OAKLAND FL 34760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURVILLE, HAL 150 W. MINNEHAHA AVE. CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, WARREN 150 N. LAKE SHORE DR. OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, BOB 201 S. ROSALIND ST., 5TH FLOOR OCOEE FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERESA JACOBS 201 So. ROSALIND ST. 5TH FLOOR ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POOLE, BOB 315 W. MAIN ST. TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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 9/17/2001 407-656-1304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #