

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90153 019 ****61.25

DOCUMENT # N00000000133

1. Entity Name

WEST ORANGE-SOUTH LAKE TRANSPORTATION TASK FORCE, INC.

Principal Place of Business

**12184 WEST COLONIAL DR.
 WINTER GARDEN FL 34787**

Mailing Address

**12184 WEST COLONIAL DR.
 WINTER GARDEN FL 34787**

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 **59-3623291**

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

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 **D** ☐ Delete
 NAME **VANDERLEY, JON**
 STREET ADDRESS **220 N. TUBB ST.**
 CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **D** ☐ Change ☒ Addition
 NAME **Ted DeWitt**
 STREET ADDRESS **14463 W. Colonial Drive**
 CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE **D** ☐ Delete
 NAME **TURVILLE, HAL**
 STREET ADDRESS **150 W. MINNEHAHA AVE.**
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☒ Delete
 NAME **YOUNG, WARREN**
 STREET ADDRESS **150 N. LAKE SHORE DR.**
 CITY-ST-ZIP **OCOE FL 34761**

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

TITLE **D** ☐ Delete
 NAME **JACOBS, TERESA**
 STREET ADDRESS **201 S. ROSALIND ST., 5TH FLOOR**
 CITY-ST-ZIP **OCOE FL 32801**

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

TITLE **D** ☐ Delete
 NAME **POOLE, BOB**
 STREET ADDRESS **315 W. MAIN ST.**
 CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

4078776246

Daytime Phone #

0056101

CR2E037 (9/01)