

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90576 040 ****61.25

DOCUMENT # N00000006255

1. Entity Name

ORANGE COUNTY EDUCATIONAL SOCIAL WORKER'S
ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

636369

2. Principal Place of Business

2723 Grantham Court
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1487
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Windermere, Florida

4. FEI Number

593685330

Applied For

☒ Not Applicable

Zip

Country

32835

Orange

Zip

Country

34786-1487

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Victor M. Garcia

Street Address (P.O. Box Number is Not Acceptable)

10849 Norcross Circle

City

Orlando

FL

Zip Code
32825

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

Victor M. Garcia

Victor M. Garcia, Chairman

April 10, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE C/D
NAME
STREET ADDRESS
CITY-ST-ZIP

Victor M. Garcia
10849 Norcross Cr.
Orlando, Fl. 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC/D
NAME
STREET ADDRESS
CITY-ST-ZIP

Susan Moncrief
472 W. Par St.
Orlando, Fl. 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D
NAME
STREET ADDRESS
CITY-ST-ZIP

Gwen Pendarvis
6807 Windstream Terrace
Orlando, Fl. 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treas.
NAME
STREET ADDRESS
CITY-ST-ZIP

Jan Eberl
806 E. Anderson St.
Orlando, Fl. 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Trust.
NAME
STREET ADDRESS
CITY-ST-ZIP

Cathy Williams
12726 Windermere Isles Place
Windermere, Fl. 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Victor M. Garcia

Victor M. Garcia 4-10-02 (407) 737-1490 ext. 261