

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90002 039 ****61.25

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1. Entity Name

ORANGE BLOSSOM OWNER HANDLERS ASSOCIATION OF FLO
RIDA, INC.

Principal Place of Business

Mailing Address

795 BRIANWOOD COURT
ORANGE CITY FL 32763

795 BRIANWOOD COURT
ORANGE CITY FL 32763

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

59-3744201

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

FULENWIDER, SUSAN
795 BRIANWOOD COURT
ORANGE CITY FL 32763

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

Laura V. Topping, Treasurer

Laura V. Topping

DATE

1/14/02

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

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 DP ☐ Delete
NAME FULENWIDER, SUSAN
STREET ADDRESS 795 BRIANWOOD COURT
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE DV ☐ Delete
NAME MASON, SHERRY
STREET ADDRESS PO BOX 554
CITY-ST-ZIP LUTHERA FL 33547

TITLE ☒ Change ☐ Addition
NAME DV JOHN MELLO
STREET ADDRESS 1230 GLENHARRY RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE DV ☐ Delete
NAME DAHER, CHRIS
STREET ADDRESS 2741 TAYLOR ROAD
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE DS ☐ Delete
NAME FITZGERALD, JANICE
STREET ADDRESS 94 LANTERNBACK ISLAND DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE DS ☐ Delete
NAME SWEGLE, JOYCE
STREET ADDRESS 5228 FOREST EDGE COURT
CITY-ST-ZIP LAKE FOREST FL 32771

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

TITLE DT ☐ Delete
NAME SCOTT, ROBIN
STREET ADDRESS 2123 ELMCREST PLACE
CITY-ST-ZIP OVEIDO FL 32765

TITLE ☒ Change ☐ Addition
NAME DT LAURA TOPPING
STREET ADDRESS 3310 SAN PEDRO ST
CITY-ST-ZIP CLEARWATER, FL 33759

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 empowerments.

SIGNATURE:

SUSAN FULENWIDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 386 775 8985

CR2E037 (9/01)