

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amend

0004579

DOCUMENT # N02000003296

1. Entity Name  
LORNA DOONE CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 OCT 21 PM 2:33

Principal Place of Business  
1617 W CENTRAL BLVD  
ORLANDO FL 32805

Mailing Address  
1617 W CENTRAL BLVD  
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

~~GONZALEZ, JENNIE P~~  
1617 W CENTRAL BLVD  
ORLANDO FL 32805

AREND, MARGARET

Name  
AREND, MARGARET  
Street Address (P.O. Box Number is Not Acceptable)  
1617 W. CENTRAL Blvd  
Apt. 409  
City  
Orlando  
FL Zip Code  
32805

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME ~~GONZALEZ, JENNIE P~~  
STREET ADDRESS 1617 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL 32805 ☒ Delete

TITLE P  
NAME AREND, MARGARET  
STREET ADDRESS 1617 W. CENTRAL Blvd. Apt. 409  
CITY-ST-ZIP Orlando, FL 32805 ☒ Change ☒ Addition

TITLE V  
NAME VIRELLA, NORMA  
STREET ADDRESS 1617 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL 32805 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500023962295  
10/21/03--01027--016 \*\*\$61.25

TITLE S  
NAME PARONTO, DONNA  
STREET ADDRESS 1617 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL 32805 ☒ Delete

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

TITLE T  
NAME WRATH, KATHERINE  
STREET ADDRESS 1617 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

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

TITLE T  
NAME TORRES, HECTOR  
STREET ADDRESS 1617 W CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL 32805 ☒ 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

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

CR2E037 (4/03)