

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90128 009 \*\*\*\*61.25

007454

**DOCUMENT # N21862**

1. Entity Name

**THE ORLO VISTA CHAMBER OF COMMERCE**



Principal Place of Business

**38 SOUTH HASTINGS STREET  
ORLANDO FL 32835  
US**

Mailing Address

**P.O. BOX 616556  
ORLANDO FL 32861  
US**

2. Principal Place of Business  
**as above**

3. Mailing Address  
**as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country **USA**  
**ORANGE**

Zip

Country **USA**  
**ORANGE**

4. FEI Number **59-1652428**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRAGG, FRANCES  
19 SOUTH TYLER STREET  
P.O. BOX 616146  
ORLANDO FL 32861**

7. Name and Address of New Registered Agent

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. 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**

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	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRAGG, FRANCES</b>	
STREET ADDRESS	<b>19 SO TYLER ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32861</b>	
TITLE	<b>1VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HELMS, JACK</b>	
STREET ADDRESS	<b>5928 UONA ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>2VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JONES, BILLIE J</b>	
STREET ADDRESS	<b>6038 W HARWOOD ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D1</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANDLEY, WILMA</b>	
STREET ADDRESS	<b>23 N NOWELL ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>D2</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANDLEY, DAVID</b>	
STREET ADDRESS	<b>23 N NOWELL ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>COLE, MARGUERITE K /same as 2002</b>	
STREET ADDRESS	<b>6443 OLD WINTER GARDEN ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lu Ann Tetelbaum</b>	
STREET ADDRESS	<b>6618 Chantry St. Teitelbaum</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	
TITLE	<b>1VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Betty Cummings</b>	
STREET ADDRESS	<b>315 So. Observatory Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	
TITLE	<b>2VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wilma Chandley</b>	
STREET ADDRESS	<b>23 N. Nowell St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	
TITLE	<b>D1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Doris Oliver</b>	
STREET ADDRESS	<b>35 No. Buena Vista Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	
TITLE	<b>Pres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elza B. Jones/same as 2002</b>	
STREET ADDRESS	<b>6038 West Harwood St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marguerite K. Cole</b>	
STREET ADDRESS	<b>6443 Old Winter Garden Road</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	

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: **MARGUERITE K. COLE** **3/18/03** **407-422-6554**

CR2E037 (10/02)