

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N39410**

1. Entity Name

WEEKENDS OF GREATER ORLANDO, INC.

Principal Place of Business

**626 N. LAKE FORMOSA DR.
ORLANDO FL 32803**

Mailing Address

**P.O. BOX 536055
ORLANDO FL 32853-6055
US**

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

59-3020242

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

**LANG, THOMAS F
14 E. WASHINGTON ST., SUITE 600
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	<input checked="" type="checkbox"/> Delete
NAME	LANG, THOMAS F	
STREET ADDRESS	14 E. WASHINGTON ST., SUITE 600	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DEMPSEY, KATIE	
STREET ADDRESS	626 N LAKE FORMOSA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, SONYA	
STREET ADDRESS	200 S. ORANGE AVENUE MC 1011	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonya Wilder Johnson	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLKERSON, MR. PAUL	
STREET ADDRESS	7007 SEA WORLD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32829	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Michael Dey	
STREET ADDRESS	832 W. Central Blvd	
CITY-ST-ZIP	Orlando, FL 32805	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Charles Price	
STREET ADDRESS	32808	
CITY-ST-ZIP	4603 W. Colonial Dr. Orlando, FL	

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

4-2-01

Date

407-898-8277

Daytime Phone #

CR2E037 (10/00)