

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90151 030 \*\*\*\*61.25

**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**

**10004521**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3020242**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEY, MICHAEL</b>	
STREET ADDRESS	<b>932 W. CENTRAL BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEMPSEY, KATIE</b>	
STREET ADDRESS	<b>626 N LAKE FORMOSA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, SONYA W</b>	
STREET ADDRESS	<b>200 S. ORANGE AVENUE MC 1011</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRICE, CHARLES</b>	
STREET ADDRESS	<b>4603 W.COLONIAL DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ballard, Joan</b>	
STREET ADDRESS	<b>761 Goldwater Ct</b>	
CITY-ST-ZIP	<b>Maitland, FL. 32751</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Day, Michael</b>	
STREET ADDRESS	<b>932 N. Central Blvd.</b>	
CITY-ST-ZIP	<b>Orlando, FL. 32805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gibbs, Heather</b>	
STREET ADDRESS	<b>2112 E. Washington St.</b>	
CITY-ST-ZIP	<b>Orlando, FL. 32803</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gordy, Susu</b>	
STREET ADDRESS	<b>1135 Overbrook Drive</b>	
CITY-ST-ZIP	<b>Orlando, FL 32804</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jones, Carter</b>	
STREET ADDRESS	<b>433 N. Mills Ave.</b>	
CITY-ST-ZIP	<b>Orlando, FL. 32803</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: **J. JOHNSON**

**1-2-03 407-898-8277**