

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91005 034 \*\*\*\*61.25

**DOCUMENT # N45227**

1. Entity Name

**ORANGE RIVER CENTRE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1342 COLONIAL BLVD  
 SUITE F-42  
 FT MYERS FL 33907  
 US

P.O. BOX 1662  
 FT MYERS FL 33902

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

**65-0316120**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**KINSEY, JAMES E., JR.**  
**1342 COLONIAL BLVD**  
**SUITE F-42**  
**FORT MYERS FL 33907**

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 type="checkbox"/> Delete
NAME	KINSEY, JAMES E., JR.	
STREET ADDRESS	1342 COLONIAL BLVD #F-42	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KISTEL, TIMOTHY R	
STREET ADDRESS	1342 COLONIAL BLVD #F-42	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEENE, WILLIAM T	
STREET ADDRESS	1342 COLONIAL BLVD #F-42	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	John Landry	<input type="checkbox"/> Delete
NAME	1342 Colonial Blvd. # F-42	
STREET ADDRESS	FT. MYERS FL 33907	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 an officer like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

941-939-1367

Daytime Phone #

CR2E037 (10/00)