

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90245 025 ****61.25

DOCUMENT # N45862

1. Entity Name

PLANNED PARENTHOOD OF GREATER ORLANDO, INC.



Principal Place of Business

**1350 W. COLONIAL DR
ORLANDO FL 32804
US**

Mailing Address

**1350 W. COLONIAL DR
ORLANDO FL 32804
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 **59-3092996**

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

**RODMAN IDTENSOHN, SUSAN
1350 W COLONIAL DR
ORLANDO FL 32804**

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

1/6/03

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 NAME	BCD LINE, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	12061 RAMBLING OAK BLVD	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE NAME	VP KOVALESKI, BECKY	<input type="checkbox"/> Delete
STREET ADDRESS	4120 GABRIELLA LANE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE NAME	D MCKANNA, SUSAN K	<input type="checkbox"/> Delete
STREET ADDRESS	815 N GARLAND AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	D BLACKMUN, SALLY	<input type="checkbox"/> Delete
STREET ADDRESS	1521 HARRIS CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE NAME	T SPRIGGS, JERI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	THE RENAISSANCE #14 1110 MAHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE NAME	S SANGERMAIN, LYZETTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 2856	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T ABRAMSON, SUZAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	111 N. ORANGE AVE., STE 900	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE NAME	S GORDON, SANDRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	450 S. ORANGE AVE., STE 650	
CITY-ST-ZIP	ORLANDO, FL 32801	

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**

1/6/03 407.481.0696

CR2E037 (10/02)