

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90002 045 ****61.25

DOCUMENT # N93000000952

1. Entity Name

ASSOCIATION OF WEST ORANGE LANDOWNERS, INC.

Principal Place of Business

**105 WEST PLANT STREET
WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 770606
WINTER GARDEN FL 34777**

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

59-3167959

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

**AUSTIN, LESTER
105 WEST PLANT STREET
WINTER GARDEN FL 34787**

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 type="checkbox"/> Delete |
| NAME | AUSTIN, LESTER | |
| STREET ADDRESS | 105 W. PLANT ST. | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KARR, JIM | |
| STREET ADDRESS | 201 S. ORANGE AVE. STE. 1010 | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PHILLIPS, DON | |
| STREET ADDRESS | 219 FLORAL | |
| CITY-ST-ZIP | OCOE FL 34761 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JUKE, RANDY | |
| STREET ADDRESS | 71 E. CHURCH ST. | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | AMON, JACK | |
| STREET ADDRESS | 219 W. OAKLAND AVE. | |
| CITY-ST-ZIP | OAKLAND FL 34760 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURCH, BILLY | |
| STREET ADDRESS | 950 W. STORY RD. | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | |

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| 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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01
Date

407 656 9692
Daytime Phone #

CR2E037 (10/00)