

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90030 010 \*\*\*\*70.00

**DOCUMENT # N93000005386**

1. Entity Name

**ORLANDO AUXILIARY #3496, INC.**

Principal Place of Business

Mailing Address

1900 S GOLDENROD RD  
 ORLANDO FL 32822

1900 S GOLDENROD RD  
 ORLANDO FL 32822-8052

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7365431**

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

Name

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

City

**FL**

Zip Code

**ALBERT, PATRICIA L**  
**3119 WALNUT ST.**  
**ORLANDO FL 32806**

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:**  
**SEE 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KACHIK, JANICE Y	
STREET ADDRESS	1324 OKALOOSA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MULLANE, MICHELLE	
STREET ADDRESS	538 NANTICKET COURT, #301	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> Delete
NAME	WESTFALL, BARBARA	
STREET ADDRESS	7510 AUTUMN PINES	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, HELEN	
STREET ADDRESS	420 SANTIAGO	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENNETT, DORIS	
STREET ADDRESS	2203 BARKSDALE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	EBERT, LORNA	
STREET ADDRESS	5335 LANAI DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith A. Finley	
STREET ADDRESS	6042 Kingdom Road	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marinero, Marie	
STREET ADDRESS	1027 Malaga St	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simone, Felicia	
STREET ADDRESS	1240 BallyShannon Parkway	
CITY-ST-ZIP	Orlando, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Webb, Paula Jean	
STREET ADDRESS	951-71 Courtyard Lane	
CITY-ST-ZIP	Orlando, FL 32825	

CR2E037 (9/99)

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:

*Barbara Westfall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/00

407-423-2581 X227

Date

Daytime Phone #