

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2002 8:00 am**
Secretary of State

02-05-2002 90150 026 ****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**

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

23-7365431

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

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

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 \$61.259. 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 ☐ Delete
NAME **P**
STREET ADDRESS **HOCKETT, MARTHA**
CITY-ST-ZIP **7136 SPOONFOOT STREET
ORLANDO FL 32822**TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Norma Richardson**
CITY-ST-ZIP **5408 San Juan Blvd
Orlando, FL 32807**TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **NEUMANN, RENE B**
CITY-ST-ZIP **424 LEXINGDALE DRIVE
ORLANDO FL 32828-9042**TITLE ☒ Change ☐ Addition
NAME **TR**
STREET ADDRESS **Sandy Yeagley**
CITY-ST-ZIP **1206 Constantine St
Orlando, FL 32825**TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WESTFALL, BARBARA**
CITY-ST-ZIP **7510 AUTUMN PINES
ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TR**
STREET ADDRESS **VIGH, JACKLYN N.**
CITY-ST-ZIP **208 N LINE DRIVE
APOPKA FL 32703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **MARINARO, MARIE**
CITY-ST-ZIP **1027 MALAGA STREET
ORLANDO FL 32822**TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Felicia Simone**
CITY-ST-ZIP **1240 Bally Shannon Pkwy
Orlando, FL 32828**TITLE ☐ Delete
NAME **TR**
STREET ADDRESS **WEBB, PAULA JEAN**
CITY-ST-ZIP **951-71 COURTYARD LN
ORLANDO FL 32825**TITLE ☒ Change ☐ Addition
NAME **TR**
STREET ADDRESS **Patricia Palmer**
CITY-ST-ZIP **2241 Stonington Ave
Orlando, FL 32817**

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

Date

Daytime Phone #

CR2E037 (9/01)