

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90138 023 \*\*\*\*70.00

**DOCUMENT # N93000005386**

1. Entity Name  
**ORLANDO AUXILIARY #3496, INC.**



Principal Place of Business  
**1900 S GOLDENROD RD  
ORLANDO FL 32822**

Mailing Address  
**1900 S GOLDENROD RD  
ORLANDO FL 32822**

**90012427**



☐ CHECK HERE IF MAKING CHANGES

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

**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. 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

**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	P	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, NORMA</b>	
STREET ADDRESS	<b>5408 SAN JUAN BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>YEATLEY, SANDY</b>	
STREET ADDRESS	<b>1206 CONSTANTINE STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WESTFALL, BARBARA</b>	
STREET ADDRESS	<b>7510 AUTUMN PINES</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>VIGH, JACKLYN N</b>	
STREET ADDRESS	<b>208 N LINE DRIVE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>SIMONE, FELICIA</b>	
STREET ADDRESS	<b>1240 BALLY SHANNON PKWY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>PALMER, PATRICIA</b>	
STREET ADDRESS	<b>2241 STONINGTON AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michelle Mullane</b>	
STREET ADDRESS	<b>2842 Joseph Cir.</b>	
CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sandy Yeagley</b>	
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>Tabitha Kuhley</b>	
STREET ADDRESS	<b>820 W. Forest Brook Rd.</b>	
CITY-ST-ZIP	<b>Maitland, FL 32751</b>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Marie Marinaro</b>	
STREET ADDRESS	<b>1027 Malaga St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32822</b>	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lillian Kelemen</b>	
STREET ADDRESS	<b>8716 Pine Barrens Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32817</b>	

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* **BARBARA J. WESTFALL** 1/25/03 407-275-9474

CR2E037 (10/02)