

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90032 016 ****70.00

DOCUMENT # N94000003693

1. Entity Name

HEALTHY COMMUNITY INITIATIVE OF GREATER ORLANDO, INC.

Principal Place of Business

**507 E MICHIGAN STREET
 ORLANDO FL 32856
 US**

Mailing Address

**507 E MICHIGAN STREET
 ORLANDO FL 32856
 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

59-3266381

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

**MATEER, WILLIAM G
 225 EAST ROBINSON ST
 SUITE 600
 ORLANDO FL 32801**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 GABRIELSON, SCOTT
 225 E ROBINSON #600
 ORLANDO FL 32801** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BRONSON, JEANELLE
 111 NORTH ORANGE AVENUE, SUITE 1700
 ORLANDO FL 32801** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ED
 RAYMOND L. LARSEN
 507 E. MICHIGAN ST
 ORLANDO FL 32806** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HAMILTON, THOMAS M.D.
 FLORIDA HOSPITAL, 601 E. ROLLINS AVE
 ORLANDO FL 32803** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 MATEER, WILLIAM G
 225 E. ROBINSON ST., SUITE 600
 ORLANDO FL 32801** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 TO-LAN TRINH-LE
 400 W. ROBINSON, 5709
 ORLANDO FL 32801** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VC/D
 JENNIFER KUPPER
 WDW - PO BOX 10000
 LAKE BUENA VISTA, FL 32830** ☐ Change ☒ Addition

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 RERAYMOND L. LARSEN 4-26-02 407-649-6891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)