

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

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

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **ED**
NAME **LARSEN, RAYMOND L**
STREET ADDRESS **507 E MICHIGAN ST**
CITY-ST-ZIP **ORLANDO FL 32806**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **TD**
NAME **TRINH-LE, TO-LAN**
STREET ADDRESS **400 W ROBINSON S709**
CITY-ST-ZIP **ORLANDO FL 32801**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **VCD**
NAME **KUPPER, JENNIFER**
STREET ADDRESS **WOW PO BOX 10000**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

4-25-03

407-649-6891

**FILED
Apr 28, 2003 8:00 am
Secretary of State**

04-28-2003 90473 016 ****70.00



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)