

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

0085144

DOCUMENT # N94000004874

1. Entity Name

WEST ORANGE COMMITTEE OF ONE HUNDRED AND ONE, IN

02-12-2001 90244 025 ****61.25

Principal Place of Business

**12184 WEST COLONIAL DRIVE
 WINTER GARDEN FL 34787**

Mailing Address

**12184 WEST COLONIAL DRIVE
 WINTER GARDEN FL 34787**

UUU1b346



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

59-3576757

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

**IRWIN, RICHARD M
 10000 WEST COLONIAL DRIVE
 OCOEE FL 34761**

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 **SD** ☒ Delete
 NAME **KARR, SUZI**
 STREET ADDRESS **527 MAIN STREET**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Carolyn Cappleman**
 STREET ADDRESS **6189 Winter Garden Vineland Road**
 CITY-ST-ZIP **Windermere, FL 34786**

TITLE **VD** ☒ Delete
 NAME **NEEL, ASHER**
 STREET ADDRESS **12184 W. COLONIAL DRIVE**
 CITY-ST-ZIP **WINTER GARDENS FL**

TITLE **TSD** ☐ Change ☒ Addition
 NAME **Susan Jackson**
 STREET ADDRESS **10,000 W. Colonial Drive**
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE **PD** ☒ Delete
 NAME **IRWIN, RICHARD M**
 STREET ADDRESS **10000 WEST COLONIAL DRIVE**
 CITY-ST-ZIP **OCOEE FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Richard M. Irwin**
 STREET ADDRESS **10,000 W. Colonial Drive**
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** ☐ Change ☒ Addition
 NAME **Gretchen Adent**
 STREET ADDRESS **12184 W. Colonial Drive**
 CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 supplementary 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

1/31/01

Date

Daytime Phone #

CR2E037 (10/00)