

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

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

08-29-2003 90089 014 \*\*\*\*61.25

**DOCUMENT # N94000004874**

1. Entity Name

**WEST ORANGE COMMITTEE OF ONE HUNDRED AND ONE, INC.**



Principal Place of Business

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

Mailing Address

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

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 **59-3576757**

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

**IRWIN, RICHARD M  
10000 WEST COLONIAL DRIVE  
OCFEE 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. 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  
After September 10, 2003, min will be \$236.25**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLAKESLEE, DEREK J</b>	
STREET ADDRESS	<b>800 S. BILLARD ST</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAPPLEMAN, CAROLYN</b>	
STREET ADDRESS	<b>6189 WINTER GARDEN VINELAND ROAD</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, SUSAN</b>	
STREET ADDRESS	<b>10000 W COLONIAL DRIVE</b>	
CITY-ST-ZIP	<b>OCFEE FL 34761</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>D'UVA, STINA</b>	
STREET ADDRESS	<b>12184 W COLONIAL DRIVE</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VPP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Behrens, Kay</b>	
STREET ADDRESS	<b>9401 W. Colonial Dr., Ste. 728</b>	
CITY-ST-ZIP	<b>Ocoee, FL 34761</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bateman, Julie</b>	
STREET ADDRESS	<b>13207 W. Colonial Dr.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jackson, Susan</b>	
STREET ADDRESS	<b>10000 W. Colonial Drive</b>	
CITY-ST-ZIP	<b>Ocoee, FL 34761</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Julie Bateman**

**8/27/03 407-877-0909**

CR2E037 (4/03)