# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 27, 2001 8:00 am**
**Secretary of State**
01-29-2001 90143 016 ****61.25

DOCUMENT # N94000005257

1. Entity Name

WEST ORANGE WOMEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 815 MEADOW PARK DR<br>CLERMONT FL 34711 | 815 MEADOW PARK DR<br>CLERMONT FL 34711 |

- 32240

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 8043 Canyon Lake CIR<br>Suite, Apt. #, etc. |
| City & State | City & State: ORLANDO FL |
| Zip / Country | Zip: 32835 / Country: USA |

4. FEI Number: 59-3275722 ☐ 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 |
|---|---|
| ~~BREHER~~, AURELIA<br>3914 SCARBOROUGH CT<br>CLERMONT FL 34711 | Name: Denise Baldwin<br>Street Address (P.O. Box Number is Not Acceptable): 8023 Canyon Lake CIRCLE<br>City: Orlando FL Zip Code: 32835 |

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] DENISE BALDWIN 1-18-01
Signature, typed or printed name of registered agent and date 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 | PD<br>BOGART, KAREN<br>7297 MARDELL CT<br>ORLANDO FL 32835 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Denise Baldwin<br>8023 Canyon Lake CIRCLE<br>Orlando FL 32835 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HIGHTOWER, KIM<br>8623 OLDBRIDGE LANE<br>ORLANDO FL 32819 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Maureen Chadwick<br>7980 Canyon Lake CIRCLE<br>Orlando FL 32835 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TRD<br>CAMPION, ALICE<br>4431 WINDERLAKES DRIVE<br>ORLANDO FL 32835 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Janet Hebert<br>8043 Canyon Lake CIRCLE<br>ORLANDO FL 32835 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 DENISE BALDWIN 1-18-01 (407) 523-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #