

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90735 025 \*\*\*\*61.25

**DOCUMENT # N94000005257**

1. Entity Name

**WEST ORANGE WOMEN, INC.**



Principal Place of Business

**815 MEADOW PARK DR  
CLERMONT FL 34711**

Mailing Address

**510 ENGLISH LAKE DR  
WINTER GARDEN FL 34787**

2. Principal Place of Business

**510 ENGLISH LAKE DR**

3. Mailing Address

**510 English Lake Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER GARDEN FL**

City & State

**Winter Garden FL**

Zip

**34787**

Country

**USA**

Zip

**34787**

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

**CHADWICK, MAUREEN  
7980 CANYON LAKE CIR  
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **MAUREEN Chadwick**

Street Address (P.O. Box Number is Not Acceptable)

**7980 CANYON LAKE CIR,**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Maureen Chadwick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/18/03**

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

TITLE **VD** ☐ Delete  
NAME **GUERRIERO, ANN**  
STREET ADDRESS **9317 NORTH LAKE PKY**  
CITY-ST-ZIP **ORLANDO FL 32827**

TITLE **PD** ☐ Delete  
NAME **CHADWICK, MAUREEN**  
STREET ADDRESS **7980 CANYON LAKE CIR.**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **TD** ☐ Delete  
NAME **CAMPBELL, DOROTHY**  
STREET ADDRESS **510 ENGLISH LAKE DR**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*Maureen Chadwick*

**2/18/03**

CR2E037 (10/02)