

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000001804**

1. Entity Name

OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 08:00 AM**  
**Secretary of State**

Principal Place of Business

6019 NASHUA AVENUE

ORLANDO  
32809

FL

Mailing Address

6019 NASHUA AVENUE

ORLANDO  
32809

FL

2. Principal Place of Business

211 PACEMAKER ST

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip  
32809

Country

3. Mailing Address

211 PACEMAKER ST

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip  
32809

Country

4. FEI Number

**59-3362718**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RESNICK MICHAEL L  
1342 E. VINE ST., STE. 236

KISSIMMEE  
34744

US

FL

7. Name and Address of New Registered Agent

Name

MELAND JANET RAE

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

211 PACEMAKER ST

City

ORLANDO

FL

Zip Code  
321809

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 **JANET RAE MELAND**

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

(NOTE: Registered Agent signature required when reinstating.)

**04/26/2000**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☒ 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.