2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 08:00 AM Secretary of State DOCUMENT # N9600001804 1. Entity Name OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC. Principal Place of Business Mailing Address 6019 NASHUA AVENUE 6019 NASHUA AVENUE ORLANDO \mathbf{FL} ORLANDO \mathbf{FL} 32809 32809 2. Principal Place of Business 3. Mailing Address 211 PACEMAKER ST 211 PACEMAKER ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL. ORLANDO H. <u>59-3362718</u> Not Applicable Zic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32809 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RESNICK MICHAEL **MELAND** JANET RAE 1342 E. VINE ST., STE. 236 Street Address (P.O. Box Number is Not Acceptable) 211 PACEMAKER ST FLKISSIMMEE 34744 US Zip Code ORLANDO 321209 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 04/26/2000 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State . 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition ☐ Change D NAME NAME DUNCAN BARBARA STREET ADDRESS STPEET ADDRESS 6044 STATLER AVE CITY-ST-ZIP CITY-ST-ZIP **ORLANDO** FL 32809 TITLE ☐ Delete D ☐ Change M Addition NAME NAME MAGYAR **NORMA** STREET ADDRESS STREET ADDRESS **6017 STATLER AVE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32809 TITLE Delete TITLE Change Change Addition TD NAME NAME WEBSTER STUART BLOUNT ELLEN STREET ADDRESS 6035 NASHUA STREET ADDRESS 239 TROJAN ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO **ORLANDO** 32809 FLFLTITLE ☐ Delete TITLE ☐ Addition Change TD SD NAME JANET RAE MAGYAR KENNETH R. MELAND STREET ADDRESS STREET ADDRESS 6017 STATLER AVENUE 211 PACEMAKER ST CITY-ST-ZIF CITY-ST-ZIP ORLANDO FL 32809 ORLANDO FL32809 TITLE TITLE ☐ Delete **™** Change ☐ Addition NAME NAR/F RUSSO-WYLIE MARLENE SAAVEDRA **EMMA** STREET ADDRESS STREET ADDRESS 313 PACEMAKER STREET **6013 STATLER AVE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ORLANDO FL. 32809 TITLE ☐ Delete Change PD TITLE PΠ ☐ Addition NAME NAME DAVIS RUTH E. MELAND RONALD STREET ADDRESS STREET ADDRESS 6064 STATLER AVENUE 211 PACEMAKER ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO **ORLANDO** FL 32809 FL32809

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^{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 eath, 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.