

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90035 023 \*\*\*\*\*61.25

**DOCUMENT # N96000001804**

1. Entity Name

**OAK RIDGE VILLAGE RESIDENTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**211 PACEMAKER ST  
 ORLANDO FL 32809**

**211 PACEMAKER ST  
 ORLANDO FL 32809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3362718**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MELAND, JANET RAE  
 211 PACEMAKER ST  
 ORLANDO FL 32180-9**

Name **RONALD F MELAND**

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

**211 PACEMAKER ST**

City **ORLANDO**

**FL**

Zip Code

**32809**

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

**RONALD F MELAND**

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

(NOTE: Registered Agent signature required when reinstating)

**4/25/01**

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 **SD** ☐ Delete  
 NAME **MELAND, RONALD F**  
 STREET ADDRESS **211 PACEMAKER ST**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **MICHAELANGELO HERNANDEZ**  
 STREET ADDRESS **6015 NASHUA AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **PD** ☐ Delete  
 NAME **SAAVEDRA, EMMA**  
 STREET ADDRESS **6013 STATLER AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SHERRY VAN WINKLE**  
 STREET ADDRESS **5912 STATLER AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **SD VPP** ☐ Delete  
 NAME **MELAND, JANET RAE**  
 STREET ADDRESS **211 PACEMAKER ST**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Change ☒ Addition  
 NAME **JENNY RIVERA**  
 STREET ADDRESS **6080 STATLER AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **D** ☐ Delete  
 NAME **BLOUNT, ELLEN**  
 STREET ADDRESS **239 TROJAN ST**  
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** ☐ Change ☒ Addition  
 NAME **KEN MAGYAR**  
 STREET ADDRESS **6017 STATLER AVE**  
 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **D** ☒ Delete  
 NAME **MAGYAR, NORMA**  
 STREET ADDRESS **6017 STATLER AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **D** ☒ Delete  
 NAME **DUNCAN, BARBARA**  
 STREET ADDRESS **6044 STATLER AVE**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD F MELAND**

**4/25/01**

DATE

**407 352 8228**

Daytime Phone #

CR2E037 (10/00)