

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90127 031 ****61.25

DOCUMENT # N97000005972

1. Entity Name

THE JOSE (CHEO) RAMIREZ-WIRSHING FOUNDATION, INC

Principal Place of Business

Mailing Address

600NORTHERN WAY
 1103
 WINTER SPRINGS FL 32708

P.O. BOX 162424
 ALTAMONTE SPRINGS FL 32716-2429

2. Principal Place of Business

3. Mailing Address

2272 Wekiva Village Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FEI Number

NOT APPLICABLE

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

WIRSHING, JOCELYNN M
1456 OBERLIN TERRACE
LAKE MARY FL 32746

Name

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

2272 Wekiva Village Lane

City

Apopka

FL

Zip Code

32703

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

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

(Jocelynn M Wirshing) Pres.

8/13/02

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	PD	<input type="checkbox"/> Delete
NAME	WIRSHING, JOCELYNN	
STREET ADDRESS	1456 OBERLIN TERR	
CITY-ST-ZIP	LK MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMUEZ, ALBERTO E	
STREET ADDRESS	145+ OBERLIN TERR	
CITY-ST-ZIP	LK MARY FL 32746	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOERTER, ROBERT E	
STREET ADDRESS	757 GREEN OAKS CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALDAH, CESAR	
STREET ADDRESS	BOX 61 N/A	
CITY-ST-ZIP	MAYAGUEZ PR 00680-0061	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BEATRIZ	
STREET ADDRESS	600 NORTHERN WAY, #1103	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARNER, CHERYL	
STREET ADDRESS	1022 MANIGAN AVENUE	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2272 Wekiva Village Lane	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2272 Wekiva Village Lane	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 Knollwood Ct.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: (Jocelynn M Wirshing) Pres. 8/13/02

(407) 886-5004

CR2E037 (4/02)