

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006576

1. Entity Name
KEEP ORLANDO BEAUTIFUL, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1010 S. WOODS AVENUE 1010 S. WOODS AVENUE
ORLANDO FL 32805 ORLANDO FL 32805-3855

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0829554** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
IENNACO, AMY T-ESQ.
400 S. ORANGE AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 D LYNAUGH, ANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2000 N. FORSYTH ROAD	
CITY-ST-ZIP ORLANDO FL 32807	
TITLE NAME D COX, ROGER M	<input type="checkbox"/> Delete
STREET ADDRESS 1010 S. WOODS AVENUE	
CITY-ST-ZIP ORLANDO FL 32805	
TITLE NAME D HOWARD, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 400 S. ORANGE AVENUE	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE NAME C FERRY, JANE	<input type="checkbox"/> Delete
STREET ADDRESS 1010 S WOODS AVE	
CITY-ST-ZIP ORLANDO FL 32805	
TITLE NAME T DAHLBERG, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS 1010 S. WOODS AVE	
CITY-ST-ZIP ORLANDO FL 32805	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D Hall, Susan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1417 Atlanta Ave. PO Box 568867	
CITY-ST-ZIP Orlando, FL 32856	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ROGER M. COX** Date: **2-9-2000** Daytime Phone #: **407-246-2260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)