


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | |
|--|---|
| DOCUMENT # N98000001775 |  |
| 1. Entity Name FRIENDS OF ORLO VISTA, INC | |

FILED
May 08, 2003 8:00
Secretary of State

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 7119 WEST LIVINGSTON STREET | 3. Mailing Address 7119 WEST LIVINGSTON STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------|-----------------------------|--|--|
| City & State ORLANDO, FL | City & State ORLANDO, FL | 4. FEI Number 59-3457096 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32835 | Country USA | Zip 32835 | Country USA |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SLAUGHTER, BRANTLEY

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

7119 WEST LIVINGSTON STREET

City
ORLANDO

FL

Zip Code
32835

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-03

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Slaughter, Brantley 7119 W. Livingston St, Orlando, FL 32835 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100018574311 05/08/03--01078--001 **183.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Chandley, Mike 23 North Nowell Ave, Orlando, FL 32835 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Veith, Walter 12 South Nowell Ave, Orlando, FL 32835 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Chandley, David 23 north Nowell Ave, Orlando, FL 32835 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV David, Thomas J Jr 8 North John Street, Orlando, FL 32835 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 17, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

5-1-03

407-290-2970

CR2E037B (12/02)

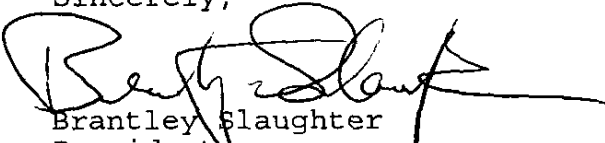
To: Florida Department of State

May 1, 2003

Re: Friends of Orlo Vista Inc
FEi 59-3457096
Doc # N98000001775

Attached is our check for \$183.75 for the non profit annual reports for 2001, 2002, and 2003. We ask the department to accept this as we had not received the original 2001 report. Our board of director and prior President had resigned in 2000 and your department was not notified of the address change. Our budget is very small and any penalties would be a hardship. We will have controls in place if another address change occurs.

Sincerely,



Brantley Slaughter
President