

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90023 005 ****61.25

DOCUMENT #

1. Entity Name

Windy Ridge Foundation, Inc.

Principal Place of Business

Mailing Address

3900 Beech Tree Drive
 Orlando, FL 32835

3900 Beech Tree Drive
 Orlando, FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1651666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gary Collins
 2132 Langley Circle
 Orlando, FL 32835

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

President

4/4/00

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

(NOTE: Registered Agent signature required when reinstating)

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	D/P	<input type="checkbox"/> Delete
NAME	Gary Collins	
STREET ADDRESS	2132 Langley Circle	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	Daryl Jones	
STREET ADDRESS	4615 Woodlands Village Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	Lori Orr	
STREET ADDRESS	6209 Peregrine Court	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	Morag Kinnear	
STREET ADDRESS	4151 Salmon Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betsy Theis	
STREET ADDRESS	8217 Caraway Drive	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Gaskill	
STREET ADDRESS	4481 Willow Wind Court	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Horner	
STREET ADDRESS	8742 Lansmere Lane	
CITY-ST-ZIP	Orlando, FL 32835	
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		
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

Gary Collins

Date

Daytime Phone #

(407) 246-0899

CR2E037 (9/99)