

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90222 025 \*\*\*\*61.25

DOCUMENT # N98000005034

1. Entity Name

THE VILLAGE OF ORLANDO, INC.

Principal Place of Business

6541 HAWKSMOOR DRIVE  
ORLANDO FL 32818

Mailing Address

6541 HAWKSMOOR DRIVE  
ORLANDO FL 32818

2. Principal Place of Business

918 Wooden Blvd

Suite, Apt. #, etc.

3. Mailing Address

918 Wooden Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

Orange

Zip

32805

Country

Orange

4. FEI Number

59-3529562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIGGINS, ALLEN T. D.  
6541 HAWKSMOOR DRIVE  
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

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

918 Wooden Blvd.

City

Orlando

FL

Zip Code

32805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2001

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          | PD                   | <input type="checkbox"/> Delete |
| NAME           | WIGGINS, ALLEN T. D. |                                 |
| STREET ADDRESS | 6541 HAWKSMOOR DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32818     |                                 |
| TITLE          | VPD                  | <input type="checkbox"/> Delete |
| NAME           | WIGGINS, BEULAH      |                                 |
| STREET ADDRESS | 6541 HAWKSMOOR DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32818     |                                 |
| TITLE          | STD                  | <input type="checkbox"/> Delete |
| NAME           | AXSON, YOLANDO       |                                 |
| STREET ADDRESS | 6541 HAWKSMOOR DRIVE |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32818     |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Wiggins, Allen T. D.  |                                                                              |
| STREET ADDRESS | 918 Wooden Blvd       |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32805     |                                                                              |
| TITLE          | VO                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Wiggins, Beulah       |                                                                              |
| STREET ADDRESS | 829 Ferguson Drive    |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32808     |                                                                              |
| TITLE          | STD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Axson, Yolanda        |                                                                              |
| STREET ADDRESS | 9115 Aliso Ridge Road |                                                                              |
| CITY-ST-ZIP    | Guthrie, FL 34734     |                                                                              |
| 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    |                       |                                                                              |
| 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 REQUIRED Wiggins

01/18/01

(407) 399 7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)