

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005396**

1. Entity Name

WA CHAPTER 811, SEMINOLE COUNTY, FL INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90008 005 ****61.25

0027239

Principal Place of Business

**P.O. BOX 141551
ORLANDO FL 32814**

Mailing Address

**P.O. BOX 141551
ORLANDO FL 32814****A0006696**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2083250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOLDADE, STEVEN J
1910 SHANNON LANE
APOPKA FL 32703**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	EVERSON, RICHARD	
STREET ADDRESS	P.O. BOX 141551	
CITY-ST-ZIP	ORLANDO FL 32814	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDADE, STEVEN J	
STREET ADDRESS	1910 SHANNON LANE	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BUCK, CHARLES G	
STREET ADDRESS	6443 PREAKNESS DR.	
CITY-ST-ZIP	ORLANDO FL 32818-1742	

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN GINHOVEN, MICHELLE	
STREET ADDRESS	P.O. BOX 141551	
CITY-ST-ZIP	ORLANDO FL 32814	

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		<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		

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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:

Charles G. Buck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

407-648-6616

Date

Daytime Phone #

CR2E037 (10/00)