

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91550 048 \*\*\*\*70.00

**DOCUMENT # N98000007276**

1. Entity Name

TRI-COUNTY OUTREACH, INC. OF ORLANDO

Principal Place of Business

Mailing Address

2001 MERA DRIVE  
SUITE #100  
ORLANDO FL 328082001 MERA DRIVE  
SUITE #100  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

2001 Mercy Dr.

5100 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, #100

Suite, #187

City &amp; State

City &amp; State

Orlando, FL

Orlando, FL

Zip

Zip

Country

Country

32808

Orange

32808

Orange

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACON-MATTHEW, DEBRA  
1272 FALCONCREST BLVD  
APOPKA FL 32712

Name Debra Macon Matthew

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

417 Jordan Stuart Circle

Apt. 103

City

Apopka

FL

Zip Code

32703

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

Debra Macon Matthew

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

(NOTE: Registered Agent signature required when reinstating)

5/14/01

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME MACON-MATTHEW, DEBRA  
 STREET ADDRESS 1272 FALCONCREST BLVD  
 CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☒ Addition  
 NAME Cecil Hollar  
 STREET ADDRESS 103 Lake Darby  
 CITY-ST-ZIP Gotha, FL 34734

TITLE VTD ☐ Delete  
 NAME PHILLIPS-HOLLIS, NICOLE  
 STREET ADDRESS 6624 ABEYDON CT  
 CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☒ Addition  
 NAME JOHANNY DAVIS, JR.  
 STREET ADDRESS 5 Mulberry Street  
 CITY-ST-ZIP Jersey City, NJ

TITLE D ☐ Delete  
 NAME PARA MORA-PRESTER, SHERRY  
 STREET ADDRESS 4543 LIGUSTRUM WAY  
 CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME TUCKER, DESIREE  
 STREET ADDRESS 7606 TELEGRAPH HILL  
 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME HOLLIS, ANTHONY  
 STREET ADDRESS 5100 W COLONIAL DR #179  
 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☐ Delete  
 NAME WEBB, MONICA  
 STREET ADDRESS 35 W 15TH ST  
 CITY-ST-ZIP ORLANDO FL 32703

TITLE ☐ Change ☐ 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)(l), 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

Debra Macon Matthew (407)532-2980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/01

Daytime Phone #

CR2E037 (10/00)