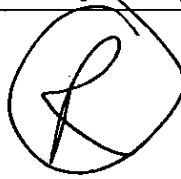


# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002287

1. Entity Name

GREATER ORLANDO NEIGHBORHOODS, INC.



**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90057 008 \*\*\*\*70.00

Principal Place of Business

397 W CHURCH ST  
ORLANDO FL 32801

Mailing Address

397 W CHURCH ST  
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3233707

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

LEMON, JULIA  
397 W CHURCH ST  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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 **D** ☐ Delete  
NAME **ANDERSON, LAWRENCE**  
STREET ADDRESS **34 PEACHTREE ST, SUITE 600**  
CITY-ST-ZIP **ATLANTA GA 30303**

TITLE **D** ☐ Delete  
NAME **ALLEN, LELIA W**  
STREET ADDRESS **400 S ORANGE AVE**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete  
NAME **KOVISARS, JUDITH**  
STREET ADDRESS **255 SMITH ORANGE AVE, SUITE 1590**  
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JEAN E. WILSON, ESQ.**  
STREET ADDRESS **201 S. ORANGE AVE, SUITE 1060**  
CITY-ST-ZIP **ORLANDO, FL 32801**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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)(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

Date

Daytime Phone #

CR2E037 (5/00)