

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005143

1. Entity Name
FLORIDA ORLANDO DEVELOPMENT CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -7 PM 12: 09

Principal Place of Business
300 C R SMITH STREET
ORLANDO, FL 32805

Mailing Address
108 SAUSALITO BLVD.
CASSELBERRY, FL 32707

500022033675
09/04/03--01055--013 **78.75

2. Principal Place of Business
3000 C.R. Smith Street
Suite, Apt. #, etc.

3. Mailing Address
924 North Magnolia Avenue
Suite 304
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3601175

Applied For
Not Applicable

Zip
32805

Country
USA

Zip
32803

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHER, MYRA
7823 SHOALS DRIVE
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name
Wells, Janice
Street Address (P.O. Box Number is Not Acceptable)
924 North Magnolia Avenue
Suite 304
City
Orlando FL Zip Code
32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Janice Wells Janice Wells 7/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ARCHER, MYRA 7823 SHOALS DRIVE ORLANDO, FL 32817	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOODLEY, ARTO 3000 CR SMITH STREET ORLANDO, FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNEGAY, THOMAS 108 SAUSALITO BLVD. CASSELBERRY, FL 32707	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ARTHUR 942 N. MAGNOLIA AVENUE ORLANDO, FL 32803	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, SAMUEL 6371 POWER POINT CIRCLE ORLANDO, FL 32818	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director Carolyn Albritton 3000 C.R. Smith St, Orlando, FL 32805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Treasurer - Dir Woodley, Arto Jr. 3000 C.R. Smith, St, Orlando, FL 32805	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Director Wells, Janice 924 North Magnolia Avenue, Ste 304 Orlando, FL 32803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Arto Woodley Jr.

7/29/03

(407)293-3000

Date

Daytime Phone #

CR2E037 (10/02)