

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90113 048 ****61.25

DOCUMENT # N99000006301

1. Entity Name

LORNA DOONE COWBOYS AND HAWKS, INC.

Principal Place of Business

**1032 34TH ST.
ORLANDO FL 32805**

Mailing Address

**47 HALBE AVENUE
ORLANDO FL 32805-1713**

2. Principal Place of Business

3. Mailing Address

2800 Seabreeze Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32805

4. FEI Number

59-3607800

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****7. Name and Address of New Registered Agent****MILLER, CHARLES
1032 34TH ST.
ORLANDO FL 32805**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	MCWHORTER, ALVIN	1032 34TH ST.	ORLANDO FL 32805	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VD	MCWHORTER, JESSIE	1032 34TH ST.	ORLANDO FL 32805	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VD	MCWHORTER, JEFFREY	1032 34TH ST.	ORLANDO FL 32805	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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S	LEE, JOANN	1032 34TH ST.	ORLANDO FL 32805	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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PD	MILLER, CHARLES	1032 34TH ST.	ORLANDO FL 32805	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	MILLER, CAROLYN	1032 34TH ST.	ORLANDO FL 32805	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 #

Alvin McWhorter 4/30/02 407-299-7363

CR2E037 (9/01)