

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006571

1. Entity Name

ORPHANS OF THE ARMED FORCES, INC.

Principal Place of Business

P.O. BOX 316  
WINDERMERE FL 34786

Mailing Address

P.O. BOX 316  
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3613576

Applied For

Not Applicable

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

WITSMAN, EZRA R  
138 EAST CENTRAL AVE.  
HOWEY-IN-THE-HILLS FL 34737

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 ☐ Delete

NAME PD  
RICHARDSON, JAMES LEROY  
STREET ADDRESS P.O. BOX 316  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete

NAME D  
DANIELS, JERRY  
STREET ADDRESS 7926 BAY LAKE RD.  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE ☐ Delete

NAME VPD  
RICHARDSON, TONI  
STREET ADDRESS 299 E. MYERS BLVD.  
CITY-ST-ZIP MASCOTTE FL 34753

TITLE ☐ Delete

NAME D  
Richardson, Calvin  
STREET ADDRESS 1084 Risterstown Road  
CITY-ST-ZIP Owings Mills, MD 21117

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *James Richardson* JAMES RICHARDSON 4/24/01 352.408.8656

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90161 029 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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