

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007157

1. Entity Name  
WEST ORANGE TEMPORARIES, INC.

Principal Place of Business  
13330 W. COLONIAL DRIVE, SUITE 130  
WINTER GARDEN FL 34787

Mailing Address  
13330 W. COLONIAL DRIVE, SUITE 130  
WINTER GARDEN FL 34787

2. Principal Place of Business  
13340 W. Colonial Drive  
Suite, Apt. #, etc.  
Suite 250

3. Mailing Address  
13340 W. Colonial Drive  
Suite, Apt. #, etc.  
Suite 250

City & State  
Winter Garden, FL

City & State  
Winter Garden, FL

4. FEI Number  
59-3619369

Applied For  
Not Applicable

Zip Country  
34787 USA

Zip Country  
34787 USA

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

LACEY, JO ANN  
13330 W. COLONIAL DRIVE, SUITE 130  
WINTER GARDEN FL 34787

Name  
SAME  
Street Address (P.O. Box Number is Not Acceptable)  
13340 W. Colonial Drive  
Suite 250  
City Winter Garden FL Zip Code 34787

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACEY, JO ANN 13330 W. COLONIAL DRIVE, SUITE 130 WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SAME 13340 W. Colonial Drive, Suite 250 Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Ann Lacey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jo Ann Lacey, President

4/30/01

Date

407-905-9988

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90244 007 \*\*\*158.75