

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091517

1. Entity Name

ORANGE COUNTY WETLANDS SERVICES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90133 035 ***150.00

Principal Place of Business

1005 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address

1005 EDGEWATER DRIVE
ORLANDO FL 32804

2. Principal Place of Business

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 305

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 305

City & State

Winter Park, FL

Zip

32789

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3707048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F
600 COURTLAND STREET
SUITE 110
ORLANDO FL 32804

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

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

TITLE **D** ☐ Delete
NAME **OSWALD, KENNETH F**
STREET ADDRESS **600 COURTLAND STREET #110**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☒ Addition
NAME **Dennis K. Benbow**
STREET ADDRESS **1031 W. Morse Blvd., Suite 305**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **SD** ☐ Change ☒ Addition
NAME **Jack E. Spillane**
STREET ADDRESS **PMB 273 - 931 N. SE 434, Suite 1201**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **T** ☐ Change ☒ Addition
NAME **Michele Geiger**
STREET ADDRESS **1031 W. Morse Blvd., Suite 305**
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Geiger, Treasurer

4/19/01 (407) 599-7134

Date

Daytime Phone #

CR2E034 (10/00)