

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09851

1. Entity Name

ORDERS DISTRIBUTING COMPANY, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90072 001 \*\*\*150.00

Principal Place of Business

Mailing Address

CONGAREE ROAD  
SHADER ROAD  
FL 32808

# 1 WHITLEE COURT  
P.O. BOX 17189  
GREENVILLE SC 29606-8189  
US

2. Principal Place of Business

# 1 Whitlee Court  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3600 Shader Road

City & State  
Orlando FL

Zip Country  
32808 US

City & State

Zip Country

4. FEI Number 57-0350763

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	COOK, TIMOTHY C	
STREET ADDRESS	103 LYNN DRIVE	
CITY-ST-ZIP	TRINITY NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, C. MICHAEL	
STREET ADDRESS	101 CHAMBERLAIN COURT	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEY, JIM	
STREET ADDRESS	100 MERDIAN AVE	
CITY-ST-ZIP	GREENVILLE SC 29687	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NANCY O	
STREET ADDRESS	101 CHAMBERLAIN COURT	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID H	
STREET ADDRESS	414 BISHOP DR	
CITY-ST-ZIP	MAULDIN SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	PULLIAM, MAURY	
STREET ADDRESS	2172 TURKEY RUN	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wiley H Johnson	
STREET ADDRESS	105 Meadowcreek Court	
CITY-ST-ZIP	Greer, SC 29650	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David H Williams* V/P Finance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 864-254-1229

Date

Daytime Phone #

CR2E034 (9/99)