

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077692

1. Entity Name

ACCURATE ORLANDO REPORTERS, INC.

Principal Place of Business

200 EAST ROBINSON STREET  
ORLANDO FL 32801

Mailing Address

200 EAST ROBINSON STREET  
ORLANDO FL 32801

2. Principal Place of Business

105 E. ROBINSON ST.

3. Mailing Address

P.O. Box 533451

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801-

Country

ORANGE

Zip

32853-3451

Country

ORANGE

6. Name and Address of Current Registered Agent

MENDENHALL, ANN L  
200 EAST ROBINSON STREET  
STE 825  
ORLANDO FL 32801

4. FEI Number

59-3532904

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

105 E. ROBINSON STREET

Suite 301

City

Orlando

FL

Zip Code  
32801

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

*Ann L. Mendenhall, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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 VPS  
NAME BUNCH, CHARLES F  
STREET ADDRESS 3301 CLAY AVE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE PT  
NAME MENDENHALL, ANN L  
STREET ADDRESS 200 E ROBINSON ST STE 825  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

*Ann L. Mendenhall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

407 246-0046

Daytime Phone #

0060946

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE