

# UNIFORM BUSINESS REPORT (UBR)

ATX1

**DOCUMENT #** V03563

**1. Entity Name**  
ORANGEWOOD DEVELOPMENT, INC.

**Principal Place of Business** **Mailing Address**  
P.O. BOX 937  
AVON PARK, FL  
33826

**FILED**

01 MAR 12 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3132934 **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**

**HAYES, RICHARD A.**  
2080 GASTER RD.  
AVON PARK, FL. 33825

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.**

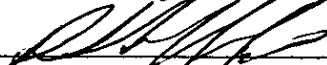
**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

**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** ☐ **\$5.00** **Trust Fund Contribution.** **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	PD RICHARD A. HAYES 2080 GASTER RD. AVON PARK, FL. 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD DONALD J. WEBER 317 PEABODY CIRCLE AVON PARK, FL. 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:**  **RICHARD A. HAYES PRES.** **3-8-2001** **863-452-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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\*\*\*\*150.00 \*\*\*\*150.00

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