



DATE: _____

TO: Orange County Business Development Division
P.O. Box 1393; 400 E. South St., Orlando, FL 32802-1393
Fax: 407- 246-5219

FROM: _____
Name

Company Name

Vendor Number

SUBJECT: **Name/ Address/ Status Change**

Please note the following changes regarding my firm and include them in your next update of the *Orange County M/WBE Certification Directory*. **Only complete the section(s) below that has changed in your company.**

Name : _____

Address: _____
(number, street/avenue)

(suite or apt. no.)

(City State and ZIP code)

Phone: (____) _____

Fax: (____) _____

E-mail address: _____

Website address: _____

Ownership: _____
Additional documentation will be required and you will be contacted

Change in Scope: _____
Additional documentation will be required and you will be contacted