

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721272

1. Entity Name

HISTORICAL SOCIETY OF CENTRAL FLORIDA, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-06-2001 90306 013 *****61.25

Principal Place of Business

812 E ROLLINS ST
ORLANDO FL 32803

Mailing Address

812 E ROLLINS ST
ORLANDO FL 32803

2. Principal Place of Business

65 E Central Blvd
Suite, Apt. #, etc.

3. Mailing Address

65 E Central Blvd
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-1860444

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN ARSDEL, SARA
812 E ROLLINS ST.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Van Arsdel, Sara

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

65 E Central Blvd

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAUGHTRIDGE, JOHN	
STREET ADDRESS	812 E. ROLLINS ST.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVE	
STREET ADDRESS	812 E. ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, CHAD	
STREET ADDRESS	812 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	REINERT, PETER	
STREET ADDRESS	812 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN ARSDEL, SARA	
STREET ADDRESS	812 E. ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Post President	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enad Martin, Chad		
STREET ADDRESS	65 E Central Blvd		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE	V. President	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Vester, Craig		
STREET ADDRESS	65 E Central Blvd		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE	President	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave Smith, Dave		
STREET ADDRESS	65 E Central Blvd		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE	TREASURER	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reinert, Peter		
STREET ADDRESS	65 E Central Blvd.		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE	Executive Director	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VanArsdel, Sara		
STREET ADDRESS	65 E Central Blvd.		
CITY-ST-ZIP	Orlando, FL 32801		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

Sara VanArsdel

1/11/01

836-8500