

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700877

1. Entity Name

ORLANDO HUMANE SOCIETY, INC./SOCIETY FOR THE PRE

Principal Place of Business

Mailing Address

2727 AMERICANA BLVD  
ORLANDO FL 32839-2162

2727 AMERICANA BLVD  
ORLANDO FLA 32839-2162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0637883

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

STANISKIS, DAISY  
100 S ORANGE AVE  
9TH  
ORLANDO FL 32801

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MCMAHON, MICHAEL  
STREET ADDRESS 255 S. ORANGE AVE., SUITE 1000  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition  
NAME BABITT, RANDY  
STREET ADDRESS PO BOX 593330  
CITY-ST-ZIP ORLANDO, FL 32859-3330

TITLE PD ☐ Delete  
NAME STANISZKIS, DAISY  
STREET ADDRESS 100 S ORANGE AVE 9  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition  
NAME GIBSON, PATRICIA  
STREET ADDRESS 4300 WATERFRONT PKWY  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE TD ☐ Delete  
NAME BURLESON, LINDA  
STREET ADDRESS 356 CINNAMON BARK LN  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ Change ☒ Addition  
NAME MATZICK, EYNTHIA  
STREET ADDRESS PO BOX 1234  
CITY-ST-ZIP ORLANDO, FL 32802

TITLE SD ☐ Delete  
NAME GIBSON, PATRICIA  
STREET ADDRESS 90 E LIVINGSTON ST  
CITY-ST-ZIP ORLANDO FL 32801-1535

TITLE D ☐ Change ☒ Addition  
NAME RYAN, FONDA  
STREET ADDRESS 7007 SEA WORLD DRIVE  
CITY-ST-ZIP ORLANDO, FL 32821

TITLE VD ☒ Delete  
NAME RUSSOW, LINDA  
STREET ADDRESS 525 SPRINGCREEK DR  
CITY-ST-ZIP LONGWOOD FL 32779-3354

TITLE D ☐ Change ☒ Addition  
NAME CROTTY, RICHARD  
STREET ADDRESS 200 S. ORANGE AVE.  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME BIZZELLE, ASHLEIGH  
STREET ADDRESS 1262 ST. TROPEZ CIR  
CITY-ST-ZIP ORLANDO, FL 32806

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

407-351-7222

Daytime Phone #

CR2E037 (9/99)