

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90075 043 ****70.00

DOCUMENT # 700877

1. Entity Name

ORLANDO HUMANE SOCIETY, INC./SOCIETY FOR THE PRE

Principal Place of Business

**2727 AMERICANA BLVD
 ORLANDO FL 32839-2162**

Mailing Address

**2727 AMERICANA BLVD
 ORLANDO FL 32839-2162**

2. Principal Place of Business

2727 CONROY ROAD

Suite, Apt. #, etc.

3. Mailing Address

2727 CONROY ROAD

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

4. FEI Number

59-0637883

Applied For

Not Applicable

Zip

32839-2162

Country

USA

Zip

32839-2162

Country

USA

5. Certificate of Status Desired ☒

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

GIBSON, PATRICIA

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

4300 WATERFRONT PKWY.

City

ORLANDO

FL

Zip Code

32806

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 NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHON, MICHAEL 255 S. ORANGE AVE., SUITE 1000 ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANISZKIS, DAISY 100 S ORANGE AVE 9 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURLESON, LINDA 356 CINNAMON BARK LN ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBSON, PATRICIA 90 E LIVINGSTON ST ORLANDO FL 32801-1535	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSOW, LINDA 525 SPRINGCREEK DR LONGWOOD FL 32779-3354	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BABITT, RANDY PO BOX 593330 ORLANDO, FL 32859-3330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANISZKIS, DAISY 100 S ORANGE AVE - 9TH FLOOR ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTOR, SARAH 2201 KINDEL AVE WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, PATRICIA 4300 WATERFRONT PARKWAY ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARWOOD, BARBARA 339 LAKEVIEW ST ORLANDO, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PATRICIA GIBSON 3/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)