

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700877

1. Entity Name

**SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS  
OF CENTRAL FLORIDA (S.P.C.A. OF CENTRAL FLORIDA)**

Principal Place of Business

Mailing Address

2727 CONROY ROAD  
ORLANDO FL 32839-2162

2727 CONROY ROAD  
ORLANDO FL 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

GIBSON, PATRICIA  
4300 WATERFRONT PKWY  
ORLANDO FL 32806

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 VD ☐ Delete  
NAME BABITT, RANDY  
STREET ADDRESS P.O. BOX 593330  
CITY-ST-ZIP ORLANDO FL 32859-3330

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BURLESON, LINDA  
STREET ADDRESS 2727 CONROY ROAD  
CITY-ST-ZIP ORLANDO FL 32839-2162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CASTOR, SARAH  
STREET ADDRESS 2201 KINDEL AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME GIBSON, PATRICIA  
STREET ADDRESS 4300 WATERFRONT PARKWAY  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GARWOOD, BARBARA  
STREET ADDRESS 339 LAKEVIEW ST  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STANISZKIS, KAZUKO  
STREET ADDRESS 2727 CONROY ROAD  
CITY-ST-ZIP ORLANDO FL 32839-2162

TITLE ☐ Change ☐ 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:

*Patricia Gibson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 407/872-3494

CR2E037 (9/01)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90197 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE