2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State
02-27-2001 90350 033 ****61.25

DOCUMENT # 701688

1. Entity Name

CENTRAL FLORIDA ORCHID SOCIETY INC

Principal Place of Business	Mailing Address
POST OFFICE BOX 3105 ORLANDO FL 32802-3105	POST OFFICE BOX 3105 ORLANDO FL 32802-3105

DO NOT WRITE IN THIS SPACE

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 59-6151072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNET, MELODY
1317 OKALOOSA AVE
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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 Melody Barnett, President 7-16-01
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNET, MELODY 1317 OKALOOSA AVE ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CLIFFORD, ROBERT P.O. BOX 2368 ORLANDO FL 32802	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TIM TURNER 1781 CINNAMON Circle CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCILHENNY, ROBERTA 11135 FOUNTAIN LAKE BLVD LEESBURG FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kathi Clifford P.O Box 2368 Orlando, FL 32802	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEELE, JERRY R 6203 EDGEWATER DR ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, JAMES 1505 SHADY ACRES LANE APOPKA FL 32703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK DASSE 972 Oakpoint Circle Apopka, FL 32712	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARLETT, MAJORIE 654 CRICKLEWOOD TERR HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAME	☐ Change ☐ Addition

CR2E037 (5/01)

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 07/16/01 (407) 295-8850

Additional Directors

Attachment
Doc # 701688

(D) Elaine Taylor
PO Box 1479
Sorrento, FL.

(D) Pam Flesher
P.O. Box 37
Windermere, FL 34786