

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

0025599

03-06-2001 90313 022 \*\*\*\*70.00

**DOCUMENT # 720872**

1. Entity Name

**CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

3755 NW HWY 17-92  
 P.O. BOX 470309  
 LAKE MONROE FL 32747-0309  
 US

HWY 17-92 AT I4  
 P.O. BOX 470309  
 LAKE MONROE FL 32747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1357197**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POSEY, EDWARD S.**  
**851 W. WISCONSIN AVE.**  
**ORANGE CITY FL 32763**

Name

**Edward S. Posey**

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

**3755 N.W. 17-92**

City

**Lake Monroe**

**FL**

Zip Code

**32747**

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

*Edward S. Posey*

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

(NOTE: Registered Agent signature required when reinstating)

**2/20/01**

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  Delete  
 NAME **TD**  
 STREET ADDRESS **IOPPOLO, CHARISSA**  
 CITY-ST-ZIP **390 N ORANGE AVENUE**  
**ORLANDO FL 32801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **KENNETH O. FOWLE**  
 CITY-ST-ZIP **P.O. BOX 593330 N/A**  
**ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **GORE, MICHAEL ESQ.**  
 CITY-ST-ZIP **20 N. ORANGE AVE., SUITE 1000**  
**ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **PARSELL, INEZ**  
 CITY-ST-ZIP **207 E 25TH ST**  
**SANFORD FL 32771**

TITLE  Change  Addition  
 NAME **SD** **Alessandra Saunders**  
 STREET ADDRESS **1102 Washington Avenue**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE  Delete  
 NAME **MD**  
 STREET ADDRESS **POSEY, EDWARD**  
 CITY-ST-ZIP **P.O. BOX 470309**  
**LAKE MONROE (N/A) FL 32747**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Edward S. Posey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/01**  
 Date

Daytime Phone #

CR2E037 (10/00)