

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90418 017 \*\*\*\*70.00

**DOCUMENT # 720872**

1. Entity Name  
**CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.**

Principal Place of Business <b>3755 NW HWY 17-92          P.O. BOX 470309          LAKE MONROE FL 32747-0309          US</b>	Mailing Address <b>HWY 17-92 AT I-4          P.O. BOX 470309          LAKE MONROE FL 32747</b>
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2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-1357197</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>POSEY, EDWARD S.          3755 NW 17-92          MOUNT DORA FL 32757</b>	Name <b>Edward S. Posey</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>3755 N. W. Highway 17-92</b>
	City <b>Lake Monroe</b> FL Zip Code <b>32747</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME TD IOPPOLO, CHARISSA STREET ADDRESS 390 N ORANGE AVENUE CITY-ST-ZIP ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME TD Scott Wilson STREET ADDRESS Deloitte & Touche, 200 S Orange Avenue CITY-ST-ZIP Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VD KENNETH O. FOWLE STREET ADDRESS P.O. BOX 593330 N/A CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD GORE, MICHAEL ESQ. STREET ADDRESS 20 N. ORANGE AVE., SUITE 1000 CITY-ST-ZIP ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME VD Greg Hess STREET ADDRESS Merrill Lynch, 3760 Branton Drive CITY-ST-ZIP Orlando, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD SAUNDERS, ALESANDRA STREET ADDRESS 1102 WASHINGTON AVE CITY-ST-ZIP WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MD POSEY, EDWARD STREET ADDRESS P.O. BOX 470309 CITY-ST-ZIP LAKE MONROE (N/A) FL 32747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Edward S. Posey **SIGNATURE REQUIRED** 2/11/02 407-323-4450x112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)