

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90506 045 ****70.00

2003

DOCUMENT # 720872

1. Entity Name
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.



Principal Place of Business
**3755 NW HWY 17-92
P.O. BOX 470309
LAKE MONROE FL 32747-0309
US**

Mailing Address
**HWY 17-92 AT I-4
P.O. BOX 470309
LAKE MONROE FL 32747**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1357197**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**POSEY, EDWARD S.
3755 NW HIGHWAY 17-92
LAKE MONROE FL 32747**

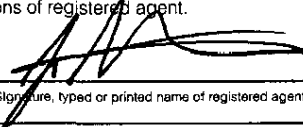
7. Name and Address of New Registered Agent

Name **Joe A. Montisano**

Street Address (P.O. Box Number is Not Acceptable)
3755 NW Hwy 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Joe A. Montisano** DATE **1/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, SCOTT	
STREET ADDRESS	DELOITTE & TOUCHE, 200 S CRANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNETH O. FOWLE	
STREET ADDRESS	P.O. BOX 593330 N/A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HESS, GREG	
STREET ADDRESS	MERRILL LYNCH, 3760 ERANTON DR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAUNDERS, ALESANDRA	
STREET ADDRESS	1102 WASHINGTON AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	POSEY, EDWARD	
STREET ADDRESS	P.O. BOX 470309	
CITY-ST-ZIP	LAKE MONROE (N/A) FL 32747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTISANO, JOE A	
STREET ADDRESS	PO BOX 470309	
CITY-ST-ZIP	LAKE Monroe, FL 32747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SIGNATURE REQUIRED** 1/22/03 (407) 323-4450

CR2E037 (10/02)