

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721272

1. Entity Name

ORANGE COUNTY HISTORICAL SOCIETY, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90017 015 ****61.25

Principal Place of Business

812 E ROLLINS ST
ORLANDO FL 32803

Mailing Address

812 E ROLLINS ST
ORLANDO FL 32803-1221

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

59-1860444

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

VAN ARSDEL, SARA
812 E ROLLINS ST.
ORLANDO FL 32803

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	P	☒ Delete
NAME	DAUGHTRIDGE, JOHN	
STREET ADDRESS	812 E. ROLLINS ST.	
CITY-ST-ZIP	ORLANDO, FL 0 32803	
TITLE	PD	☒ Delete
NAME	BAZZO, RICHARD A	
STREET ADDRESS	812 E. ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☒ Delete
NAME	MARTIN, CHAD	
STREET ADDRESS	812 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☒ Delete
NAME	ALLEN, PAUL	
STREET ADDRESS	812 E ROLLINS ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☐ Delete
NAME	VAN ARSDEL, SARA	
STREET ADDRESS	812 E. ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	Martin, Chad	
STREET ADDRESS	812 E. Rollins Street	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	PD	☒ Change ☐ Addition
NAME	Daughtridge, John	
STREET ADDRESS	812 E. Rollins Street	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	VP	☒ Change ☐ Addition
NAME	Smith, Dave	
STREET ADDRESS	812 E. Rollins Street	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	T	☒ Change ☐ Addition
NAME	Reinert, Peter	
STREET ADDRESS	812 E. Rollins Street	
CITY-ST-ZIP	Orlando, FL 32803	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

Daytime Phone #

CR2E037 (9/99)