

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-13-2003 90364 022 ****61.25

DOCUMENT # 721272

1. Entity Name

HISTORICAL SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

**65 E CENTRAL BLVD
ORLANDO FL 32801**

Mailing Address

**65 E CENTRAL BLVD
ORLANDO FL 32801**

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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VAN ARSDEL, SARA
65 E. CENTRAL
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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 FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	MARTIN, CHAD	
STREET ADDRESS	65 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VP	☒ Delete
NAME	USTLER, CRAIG	
STREET ADDRESS	65 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	☐ Delete
NAME	SMITH, DAVE	
STREET ADDRESS	65 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	☐ Delete
NAME	REINERT, PETER	
STREET ADDRESS	65 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ED	☐ Delete
NAME	VAN ARSDEL, SARA	
STREET ADDRESS	65 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BY TREASURER	☐ Change ☒ Addition
NAME	JAN RICHMAN	
STREET ADDRESS	65 E CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD PAST PRESIDENT	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	PETER REINERT	
STREET ADDRESS	65 E. CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03 407-836-8500

CR2E037 (10/02)