

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 30, 2001 08:00 AM****Secretary of State****DOCUMENT # 726280**1. Entity Name  
**SOROSIS OF ORLANDO, INC.**Principal Place of Business  
**501 E LIVINGSTON ST**  
**ORLANDO FL 328035616**Mailing Address  
**501 E LIVINGSTON ST**  
**ORLANDO FL 328035616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**59-0540538**

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

**MOSS JULIA**  
**640 DUNRAVEN DR**  
**WINTER PARK FL 32792 US**Name  
**ERD LINDA A**  
Street Address (P.O. Box Number is Not Acceptable)  
**2015 SUMMERFIELD ROAD**  
City  
**WINTER PARK FL 32792**

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 **LINDA A. ERD****03/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	VP	<input type="checkbox"/> Delete
NAME	<b>RACEY ELIZABETH</b>	
STREET ADDRESS	<b>710 E MICHIGAN ST, #41</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>LUTZ MARGUERINE</b>	
STREET ADDRESS	<b>1730 WINDSOR DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>WILLIS DOROTHEA</b>	
STREET ADDRESS	<b>1841 GLENCOE RD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>MOSS JULIA</b>	
STREET ADDRESS	<b>640 DUNRAVEN DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	<b>GIDDENS MIDGE</b>	
STREET ADDRESS	<b>1516 DOVE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	<b>ERD LINDA</b>	
STREET ADDRESS	<b>2015 SUMMERFIELD RD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWE HELEN MRS.</b>	
STREET ADDRESS	<b>40 OAKLEIGH DRIVE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSS JULIA MRS.</b>	
STREET ADDRESS	<b>649 DUNRAVEN DRIVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUAREZ WINIFRED MRS.</b>	
STREET ADDRESS	<b>1511 LANDO LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERD LINDA AMRS.</b>	
STREET ADDRESS	<b>2015 SUMMERFIELD ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK JACKIE MRS.</b>	
STREET ADDRESS	<b>632 SHERIDAN BOULEVARD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERD LINDA AMRS.</b>	
STREET ADDRESS	<b>2015 SUMMERFIELD RD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WINIFRED SUAREZ****T****03/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)