

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90014 020 ****61.25

0012501

DOCUMENT # 726280

1. Entity Name

SOROSIS OF ORLANDO, INC.

Principal Place of Business

501 E LIVINGSTON ST
ORLANDO FL 32803-5616

Mailing Address

501 E LIVINGSTON ST
ORLANDO FL 32803-5616

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

ERD, LINDA A
2015 SUMMERFIELD ROAD
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

JACQUELINE FRANK

Street Address (P.O. Box Number is Not Acceptable)

632 Sheridan Boulevard

City

ORLANDO

FL

Zip Code
32804

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

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

(NOTE: Registered Agent signature required when reinstating)

4-2-02

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

TITLE **PDC** ☒ Delete
NAME **ERD, LINDA A MRS.**
STREET ADDRESS **2015 SUMMERFIELD RD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VD** ☐ Delete
NAME **FRANK, JACKIE MRS.**
STREET ADDRESS **632 SHERIDAN BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **P** ☒ Delete
NAME **ERD, LINDA A MRS.**
STREET ADDRESS **2015 SUMMERFIELD ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **TD** ☐ Delete
NAME **SUAREZ, WINIFRED MRS.**
STREET ADDRESS **1511 LANDO LANE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VD** ☒ Delete
NAME **MOSS, JULIA MRS.**
STREET ADDRESS **649 DUNRAVEN DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **SD** ☒ Delete
NAME **LOWE, HELEN MRS.**
STREET ADDRESS **40 OAKLEIGH DRIVE**
CITY-ST-ZIP **MATLAND FL 32751**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
NAME **FRANK, MRS. JACQUELINE**
STREET ADDRESS **632 Sheridan Blvd.**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **V/D** ☐ Change ☒ Addition
NAME **BARCO, MRS. SUSAN**
STREET ADDRESS **2320 Huntington Green Court**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE **S/D** ☐ Change ☒ Addition
NAME **TIMINSKY, MRS. BEVERLY**
STREET ADDRESS **1701 Overlake Ave.**
CITY-ST-ZIP **Orlando, FL 32806**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **DONLEY, MRS. MARY**
STREET ADDRESS **2304 Lauderdale Court**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **D** ☐ Change ☒ Addition
NAME **LINDSEY, JoAnn S.**
STREET ADDRESS **800 Buckwood Drive**
CITY-ST-ZIP **Orlando, FL 32806**

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:

Jacqueline Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

407-422-5547

Daytime Phone #

CR2E037 (9/01)