

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743061

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL F

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90378 050 ****61.25

Principal Place of Business

Mailing Address

2823 BLIND OWL DR
ORLANDO FL 32822
US

2823 BLIND OWL DR
ORLANDO FL 32822-7843
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1850441

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILKINSON, KIM
2823 BLIND OWL DR
ORLANDO FL 32822

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 PD
NAME LIBBY, DEBRA
STREET ADDRESS 6109 HIALEAH ST
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE SVPD
NAME ROSS, GRANT
STREET ADDRESS 575 BLOOMINGTON CRT., #14
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE SVPD
NAME Jamie Aiello
STREET ADDRESS 544 N. Thompson Rd.
CITY-ST-ZIP Opaoka FL 32712 ☒ Change ☐ Addition

TITLE TD
NAME FISH, RICHARD
STREET ADDRESS 2464 MARKINGHAM RD
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

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

TITLE SD
NAME WILSON, BOB
STREET ADDRESS 1540 CHESTNUT ST
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE SD
NAME Grant Ross
STREET ADDRESS 931 N. State Rd. 434 #1201-216
CITY-ST-ZIP Altamonte Spring, FL 32714 ☒ Change ☐ Addition

TITLE VD
NAME FISH, JUDY
STREET ADDRESS 2464 MARKINGHAM RD
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

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

TITLE ED
NAME WILKINSON, KIM
STREET ADDRESS 2823 BLIND OWL DR
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

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 #

2-3-00

407-275-0989

CR2E037 (9/99)