

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90015 003 ****61.25

DOCUMENT # 743061

1. Entity Name

PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL F

Principal Place of Business

2823 BLIND OWL DR
 ORLANDO FL 32822
 US

Mailing Address

2823 BLIND OWL DR
 ORLANDO FL 32822
 US

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

59-1850441

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

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

Kimberly Wilkinson - Executive Director

2-1-01

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

TITLE PD ☒ Change ☐ Addition
 NAME Richard Fish
 STREET ADDRESS 2464 Markingham Rd
 CITY-ST-ZIP MAITLAND FL 32751

TITLE SD ☒ Delete
 NAME ROSS, GRANT
 STREET ADDRESS 931 N STATE RD 434 #1201-216
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD ☒ Change ☐ Addition
 NAME Charles Wells
 STREET ADDRESS 330 S. Central Ave.
 CITY-ST-ZIP ORLANDO, FL 32765

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

TITLE TO ☒ Change ☐ Addition
 NAME Grant Ross
 STREET ADDRESS 826 Malore Ct.
 CITY-ST-ZIP Orlando FL 32810

TITLE SVD ☐ Delete
 NAME AIELLO, JAMIE
 STREET ADDRESS 544 N THOMPSON RD
 CITY-ST-ZIP APOPKA FL 32712

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

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

TITLE VO ☒ Change ☐ Addition
 NAME Kathleen O'Brien
 STREET ADDRESS 3968 Lancashire Ln.
 CITY-ST-ZIP Longwood, FL 32779

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

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:

KIMBERLY WILKINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01

Date

407-658-1985

Daytime Phone #

CR2E037 (10/00)