

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90108 042 ****61.25

DOCUMENT # 746145

1. Entity Name

FLORIDA STATE REENACTMENT SOCIETY INC.

Principal Place of Business

Mailing Address

**441 HIBISCUS ROAD
 CASSELBERRY FL 32707**

**441 HIBISCUS ROAD
 CASSELBERRY FL 32707-5308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1939580

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

**WEINHART, CAROL
 441 HIBISCUS ROAD
 CASSELBERRY FL 32707**

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 | P | <input type="checkbox"/> Delete |
| NAME | WEINHART, RICHARD | |
| STREET ADDRESS | 407-2ND ST | |
| CITY-ST-ZIP | GENEVA FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | WEINHART, VERN | |
| STREET ADDRESS | 441 HIBISCUS ROAD | |
| CITY-ST-ZIP | CASSELBERRY FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SHOGREN, RICK | |
| STREET ADDRESS | 341-2ND ST | |
| CITY-ST-ZIP | CHULUOTA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHOGREN, ANDY | |
| STREET ADDRESS | 341-2ND ST | |
| CITY-ST-ZIP | CHULUOTA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CESTARO, GEORGE | |
| STREET ADDRESS | 810 DYSON DRIVE | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KOCHA, DEBRA | |
| STREET ADDRESS | 5248 CHUKAN OTOSA CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL 32808 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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

**VICE PRESIDENT /
 TREASURER**

4-12-00 407-339-1757

Date

Daytime Phone #

CH2E037 (9/99)