

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90353 042 \*\*\*\*61.25

**DOCUMENT #** 746145

**1. Entity Name**

FLORIDA STATE REENACTMENT SOCIETY, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

441 Hibiscus Road

Suite, Apt. #, etc.

**3. Mailing Address**

441 Hibiscus Road

Suite, Apt. #, etc.

**B0053909**

DO NOT WRITE IN THIS SPACE

**City & State**  
CASSELBERRY, FLA.

**City & State**  
CASSELBERRY, FLA

**4. FEI Number**  
591939580

**Applied For**  
Not Applicable

**Zip**  
32707

**Country**  
USA

**Zip**  
32707

**Country**  
USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
WEINHART, CAROL

**Street Address (P.O. Box Number is Not Acceptable)**  
441 Hibiscus Road

**City** CASSELBERRY **FL** **Zip Code** 32707

**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**

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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** P  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

SHOGREN, ANDY  
1011 CRESTVIEW LANE  
CASSELBERRY, FL 32766

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** V/T  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

WEINHART, VERNON  
441 HIBISCUS ROAD  
CASSELBERRY, FL 32707

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

WEINHART, RICHARD  
407-2ND STREET  
GENEVA, FL 32732

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

HENRY, EDWARD  
1247 ALOAZAR STREET  
PALM BAY, FL 32909

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MINDICK, ROBERT  
10113 CULPEPPER COURT  
ORLANDO, FL 32836

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

KACHA DEBRA  
5248 CHAKANOTOSA CIRCLE  
ORLANDO, FL 32808

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Vernon G. Weinhart Vice Pres/Treas. 03-19-02 407-339-1757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VERNON G. WEINHART

CR2E037B (12/01)