

2002 UNIFORM BUSINESS REPORT (UBR)

5/22/2002-90194-017-\$61.25-\$61.25

DOCUMENT # N00000003186

1. Entity Name

MID-FLORIDA PHILATELIC SOCIETY, INC.

FILED

02 NOV 22 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE
59-3734845

Principal Place of Business Mailing Address
100 N SPRING TRAIL 100 N SPRING TRAIL
ALTAMONTE SPRINGS FL 32714-3461 ALTAMONTE SPRINGS FL 32714-3461

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

APPLIED FOR

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

SHIRLEY, JOHN D
100 N SPRING TRAIL
ALTAMONTE SPRINGS FL 32714-3461

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 releasing)

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 NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, MANNY 641 E LEHIGH DR DELTONA FL 32728	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, JAMES A 2110 KEWANNE TRAIL CASSELBERRY FL 32707	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETT, ELEANOR 4053 TERWOOD AVE ORLANDO FL 32812	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZAK, THOMAS L 969 E PALM VALLEY DR OVIEDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, A STEPHEN 2729 CLOUDCROFT DR APOPKA FL 32703	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEST, RANDALL D JR 4500 SOUTH SANFORD AVE SANFORD FL 32733	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT FATTIG, PHILLIP E. P.O. Box 420730 KISSIMMEE, FL 34742-0730	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY ULSTAD, APRIL JO 1438 CHESSINGTON DR LAKE MARY FL 32746-1919	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT ALLIN, LT. COL. JAMES R 2837 WRIGHT AVE. WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT APTRICK, A. STEPHEN 2729 CLOUDCROFT DR APOPKA, FL 32703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER SHIRLEY, JOHN D. 100 NORTH SPRING TRAIL ALTAMONTE SPRINGS, FL 32714-3461	☐ Change ☒ Addition

CR2E007 (9/01)

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT 469/02 407 788-6067
Date Daytime Phone #

2/11/26