

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006166

1. Entity Name

HISTORIC KISSIMMEE, INC.

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90019 019 \*\*\*\*61.25

Principal Place of Business

15 S. ORLANDO AVENUE  
KISSIMMEE FL 34741

Mailing Address

15 S. ORLANDO AVENUE  
KISSIMMEE FL 34741

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

GRIEB, CHERYL L  
15 S. ORLANDO AVENUE  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete  
D GRIEB, CHERYL L  
STREET ADDRESS 2393 NEPTUNE ROAD  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☐ Delete  
D EVANS, EARL  
STREET ADDRESS 811 WEST VERONA  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE NAME ☐ Delete  
D GANNARELLI, ANN  
STREET ADDRESS 2959 SUN POINTE COURT  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*CHERYL L GRIEB*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02  
Date

407-944-4822  
Daytime Phone #

CR2E037 (9/01)