

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

04-22-2003 90054 032 ****61.25

DOCUMENT # NO1000006166

1. Entity Name

HISTORIC KISSIMMEE, INC.



Principal Place of Business

**15 S. ORLANDO AVENUE
KISSIMMEE FL 34741**

Mailing Address

**15 S. ORLANDO AVENUE
KISSIMMEE FL 34741**

55047433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number-**APPLIED FOR**
03-0425416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CHERYL L. GRIEB

(NOTE: Registered Agent signature required when reinstating)

4/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

**NAME
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CITY-ST-ZIP**

TITLE ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

**NAME
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CITY-ST-ZIP**

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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:

SIGNATURE REQUIRED. GRIEB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

DATE

407-944-4822

DAYTIME PHONE #

CR2E037 (10/02)