

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90060 034 ****61.25

DOCUMENT # N05711

1. Entity Name

GOLDENROD HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O WILLIAM E. CARLSON
9955 LAKE GEORGIA DR.
ORLANDO FL 32817

C/O WILLIAM E. CARLSON
9955 LAKE GEORGIA DR.
ORLANDO FL 32817-3120

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

59-2510019

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

MILLER, C R
5216 LAZY OAKS DR
WINTER PARK FL 32792

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 **VD** ☐ Delete
NAME **RUSTERHOLZ, YARDA**
STREET ADDRESS **6009 TWIN LAKE LANE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **KLEIN, CLAIRE**
STREET ADDRESS **723-C JAMESTOWN DR**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SD** ☐ Change ☒ Addition
NAME **TERRI GODSELL**
STREET ADDRESS **202 QUAYSIDE CIRCLE, #104**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☒ Delete
NAME **HORVATH, JOHN A.**
STREET ADDRESS **1004 BRADFORD DRIVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **VD** ☐ Change ☒ Addition
NAME **KAE HUFFAKER**
STREET ADDRESS **2618 UNIVERSITY ACRES DR.**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **D** ☒ Delete
NAME **CARLSON, WILLIAM E**
STREET ADDRESS **9955 LAKE GEORGIA DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **DOREEN CARMICHAEL**
STREET ADDRESS **1517 MAYFLOWER CT**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **PD** ☐ Delete
NAME **MILLER, C R**
STREET ADDRESS **5216 LAZY OAKS DR**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **TD** ☒ Delete
NAME **RUSSO, JAMES V**
STREET ADDRESS **7200 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **TD** ☐ Change ☒ Addition
NAME **DOROTHEA M. FOX**
STREET ADDRESS **5100 OLD HOWELL BRANCH RD.**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED C.R. MILLER JAN 7, 2000 407-671-5845

CR2E037 (9/99)