

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05711

1. Entity Name

GOLDENROD HISTORICAL SOCIETY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

GOLDENROD HISTORICAL SOCIETY INC
Suite, Apt. #, etc.

4755 PALMETTO AVE

WATER PARK, FL

Zip
32792

Country
USA

3. Mailing Address

GOLDENROD HISTORICAL SOCIETY INC
Suite, Apt. #, etc.

P.O. Box 423

GOLDENROD, FL

Zip
32733

Country
USA

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90090 039 ****61.25



DO NOT WRITE IN THIS SPACE

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

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

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

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

TITLE VD
NAME HUFFAKER, TERRI
STREET ADDRESS 2618 UNIVERSITY ACRES DR
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE D
NAME CARMICHAEL, DOREEN
STREET ADDRESS 1517 MAYFLOWER
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE TD
NAME FOX, DOTOTHEA M
STREET ADDRESS 5100 OLD HOWELL BRANCH RD
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C R MILLER JAN 10, 2001 407-671-5980

CR2E037 (10/00)