

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90313 015 \*\*\*\*61.25

**DOCUMENT # N05711**

1. Entity Name

**GOLDENROD HISTORICAL SOCIETY, INC.**

Principal Place of Business

**4755 PALMETTO AVE  
WINTER PARK FL 32792**

Mailing Address

**RAY MILLER**  
C/O WILLIAM E. CARLSON  
P O BOX 423  
GOLDENROD FL 32733

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **DR. CHRISTIAN BAUER**  
STREET ADDRESS **8661 ASPEN AVE.**  
CITY-ST-ZIP **ORLANDO FL 32817**

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

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

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

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

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

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:

**RAY MILLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/21/02**

Date

**407-677-5980**

Daytime Phone #

CR2E037 (9/01)