

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90158 028 ****61.25

DOCUMENT # N10952

1. Entity Name

KISSIMMEE VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 420115
KISSIMMEE FL 34742-0115**

**P.O. BOX 420115
KISSIMMEE FL 34742-0115**

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

59-2290608

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

**MOSS, NORMAN S
4781 S. ORANGE AVENUE
ORLANDO FL 32806**

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 **S** ☐ Delete
NAME **LEVREULT, RITA**
STREET ADDRESS **2710 DOWNING DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34758**

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

TITLE **PD** ☐ Delete
NAME **MOSS, NORMAN**
STREET ADDRESS **P.O. BOX 593436**
CITY-ST-ZIP **ORLANDO FL 32859-3436**

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

TITLE **TD** ☐ Delete
NAME **GENDALL, GEORGE**
STREET ADDRESS **2207 EAGLES LANDING WAY**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Change ☒ Addition
NAME **Secretary Treasurer**
STREET ADDRESS **Grayce Woessner**
CITY-ST-ZIP **4126 Blackpowder Way**
Kissimmee, FL 34746

TITLE **V** ☐ Delete
NAME **PRITT, STEVE**
STREET ADDRESS **P.O. BOX 420043 N/A**
CITY-ST-ZIP **KISSIMMEE FL 34742-6217**

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

TITLE **V** ☐ Delete
NAME **GRAHAM, GARY**
STREET ADDRESS **601 DAKOTA AVENUE**
CITY-ST-ZIP **ST CLOUD FL 34769**

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

TITLE **D** ☐ Delete
NAME **MALATESTA, ALAN**
STREET ADDRESS **1170 S GOODMAN RD**
CITY-ST-ZIP **DAVENPORT FL 33837-9091**

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: *Norman S. Moss* **Norman S. Moss, President** 01/17/02 (407)888-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)