

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N41620**

1. Entity Name

**CENTRAL FLORIDA HERPETOLOGICAL SOCIETY, INC.**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90074 025 \*\*\*\*61.25

Principal Place of Business P.O. BOX 3277 WINTER HAVEN FL 33885 US	Mailing Address P.O. BOX 3277 WINTER HAVEN FL 33885-3277 US
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DO NOT WRITE IN THIS SPACE

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 <b>59-3116401</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**WAYNE, HILL L**  
**1470 LUCERNE LOOP RD**  
**WINTER HAVEN FL 33881**

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 \_\_\_\_\_ (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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BRUCE, JOHNNY</b>
STREET ADDRESS	<b>4210 SKYLINE DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RAYMOND A. SHEEHAN</b>
STREET ADDRESS	<b>811 17 TERRACE N.E.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AUERBUCK, PHILLIP</b>
STREET ADDRESS	<b>5927 STOKES ROAD</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL CONCANNON</b>
STREET ADDRESS	<b>40 GARDEN AVE</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DERMOT BOWDEN</b>
STREET ADDRESS	<b>464 WHISPERING OATS LANE</b>
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Raymond A. Sheehan* **Raymond A. Sheehan** TRS. 1/22/00 (863) 294-2235  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)