

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-29-2002 90058 045 ****61.25

DOCUMENT # N41620

1. Entity Name

CENTRAL FLORIDA HERPETOLOGICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 3277
 WINTER HAVEN FL 33885
 US

Mailing Address

P.O. BOX 3277
 WINTER HAVEN FL 33885
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3116401

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 *Raymond A. Sheehan*

Street Address (P.O. Box Number is Not Acceptable)
811 17th Terrace N.E.

City *Winter Haven*

FL

Zip Code *33881-4427*

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

Raymond A. Sheehan Treasurer *Raymond A. Sheehan* *1/14/02*

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	<input type="checkbox"/> Delete
NAME	CONCANNON, PAUL	
STREET ADDRESS	40 GARDEN AVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYMOND A. SHEEHAN	
STREET ADDRESS	811 17 TERRACE N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUERBUCK, PHILLIP	
STREET ADDRESS	5927 STOKES ROAD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, DERMOS	
STREET ADDRESS	464 WHISPERING OAKS LANE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
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		<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	Jeff Tillis	
CITY-ST-ZIP	106 TANGERINE DRIVE SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Brian Cowley	
CITY-ST-ZIP	26420 S.W. Hwy 42 UMATILLA FL 32784	
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* *1/14/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863)-294-2235

CRE037 (9/01)



DO NOT WRITE IN THIS SPACE