

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90128 012 \*\*\*\*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: P.O. BOX 783324, Suite, Apt. #, etc.  
3. Mailing Address: P.O. BOX 783324, Suite, Apt. #, etc.

City & State: WINTER GARDEN, FL  
Zip: 34777, Country: USA

4. FEI Number: 59-3116401  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
SHEEHAN, RAYMOND A  
811 17 TERRACE NE  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent  
Name: JEFFERY A TILLIS  
Street Address: 106 TANGERINE DR  
City: SANFORD, FL 32771, Zip Code: 32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jeffery A Tillis* DATE: 1-18-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: CONCANNON, PAUL STREET ADDRESS: 40 GARDEN AVE CITY-ST-ZIP: WINTER GARDEN FL 34787	<input type="checkbox"/> Delete
TITLE: D NAME: RAYMOND A. SHEEHAN STREET ADDRESS: 811 17 TERRACE N.E. CITY-ST-ZIP: WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE: DVP NAME: TILLIS, JEFF STREET ADDRESS: 106 TANGERINE DR CITY-ST-ZIP: SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE: DS NAME: CONLEY, BRIAN STREET ADDRESS: 26420 SW HWY 42 CITY-ST-ZIP: UMATILLA FL 32784	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: CONCANNON, PAUL STREET ADDRESS: 40 GARDEN AVE CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREASURER NAME: JEFFERY A TILLIS STREET ADDRESS: 106 TANGERINE DR CITY-ST-ZIP: SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE PRESIDENT NAME: JAMES PETERS STREET ADDRESS: 2075 KIMBERWICK CIRCLE CITY-ST-ZIP: OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY NAME: CONLEY, BRIAN STREET ADDRESS: 26420 SW HWY 42 CITY-ST-ZIP: UMATILLA FL 32784	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required* DATE: 1-18-03 DAYTIME PHONE: 407-571-4282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)