2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9500001585**

1. Entity Name

THE GREATER ORLANDO AQUARIUM SOCIETY, INC.

Principal Place of Business

Mailing Address

3030 N COUNTY ROAD 426 GENEVA FL 32732

3030 N COUNTY ROAD 426 GENEVA FL 32732-9761

3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3237429 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRAY, GARY 3030 N COUNTY ROAD 426 GENEVA FL 32732 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Joff Sloat 2420 miscindy Pl Channe ☐ Addition PD Delete TITLE GRAY, GARY NAME STREET ADDRESS STREET ADDRESS 3030 N COUNTY RD 426 OMando FC 22821 CITY-ST-ZIP CITY-ST-ZIP GENEVA FL 32732 ☐ Change ■ Addition ☐ Delete TITLE TITLE VD. MORAN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 211 S HENRY LANE CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ✓ Change Addition SD Delete TIT! F Tommy Webrock GRAY, PRICILLA NAME 1306 Warwick Place STREET ADDRESS STREET ADDRESS 3030 N COUNTY RD 426 CITY-ST-ZIP CITY-ST-ZIP GENEVA FL 32732 Change ☐ Addition TITLE Delete TITLE NAME MARCUS, DAVID NAME STREET ADDRESS STREET ADDRESS 16136 HARBOR OAK DR CITY-ST-ZIP CITY-ST-ZIP MONTVERDE FL 34756 Change □ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP

FILED

Secretary of State

05-19-2000 90032 003 ****61.25

May 19, 2000 8:00 am

CR2E037