

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001585

1. Entity Name

THE GREATER ORLANDO AQUARIUM SOCIETY, INC.

Principal Place of Business

3030 N COUNTY ROAD 426
GENEVA FL 32732

Mailing Address

3030 N COUNTY ROAD 426
GENEVA FL 32732

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GRAY, GARY
3030 N COUNTY ROAD 426
GENEVA FL 32732

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

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 PD
NAME SLOAT, JEFF ☒ Delete
STREET ADDRESS 2420 MISCINDY PL
CITY-ST-ZIP ORLANDO FL 32821

TITLE Moran David PD ☒ Change ☐ Addition
NAME 211 S. Henry Lane
STREET ADDRESS Winter Springs FL 32708
CITY-ST-ZIP

TITLE VD
NAME MORAN, DAVID ☐ Delete
STREET ADDRESS 211 S HENRY LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VD ☒ Change ☐ Addition
NAME Gary Gray
STREET ADDRESS 3030 N County Rd 426
CITY-ST-ZIP Geneva FL 32732

TITLE SD
NAME HEBROCK, TOMMY ☒ Delete
STREET ADDRESS 1306 WARWICK PLACE
CITY-ST-ZIP ORLANDO FL 32806

TITLE SD / TD ☒ Change ☐ Addition
NAME Gray Priscilla
STREET ADDRESS 3030 N County Rd 426
CITY-ST-ZIP Geneva FL 32732

TITLE TD
NAME GRAY, PRISCILLA ☐ Delete
STREET ADDRESS 3030 N COUNTY RD 426
CITY-ST-ZIP GENEVA FL 32732

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] REQUIRED

4/30/01 4077995000 6864

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90185 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)