2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90030 036 ****61.25

DOCUMENT # N95000003877

1. Entity Name

GREATER ORLANDO ORCHID SOCIETY INC.

Principal Place of Business	Mailing Address
4143 EDGEWATER DRIVE ORLANDO FL 32804	4143 EDGEWATER DRIVE ORLANDO FL 32804-2204

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 59-3327753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEYER, CAROL 1164 GALAHAD DR CASSELBERRY FL 32707	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRINCE, CHARLOTTE J 4143 EDGEWATER DRIVE ORLANDO FL 32804	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRINCE, DONALD 4143 EDGEWATER DRIVE ORLANDO, FL 32804	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEYER, CAROL 1164 GALAHAD DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAHBERG, DONNA 1300 SUSANNAH BLVD ORLANDO FL 32803	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAILEY, DONNA 8303 PORT SAID STREET ORLANDO, FL 32817	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM ARROYO, MARTHA 2326 ASHINGTON PK DR APOPKA FL 32703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM CHITTY, TOM POBOX 660237 CHULUOTA, FL 32766	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM CHITWOOD, JOYCE 4072 NORTH FT CHRISTMAS RD CHRISTMAS FL 32709	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM JANOFSKY, EDWAND 4141 TWIGHT TRAIL KISSIMMEE, FL 34746	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM FRENK, EDWARD 1012 DELANEY AVE ORLANDO FL 32806	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM MOSS DIANA 5858 COVE DRIVE ORLANDO, FL 32812	☑ Change ☐ Addition

CR2E037 (9/99)

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 2/23/00 407 6952122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #