2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State
01-22-2001 90012 047 ****61.25

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DO NOT WRITE IN THIS SPACE

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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

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

MEYER, CAROL
1164 GALAHAD DR
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name DIANA J. MOSS
Street Address (P.O. Box Number is Not Acceptable) 5858 Cove Dr
City ORLANDO FL Zip Code 32812

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 Diana J. Moss 1-15-01
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, DONALD 4143 EDGEWATER DRIVE ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 T DIANA J. MOSS 5858 Cove Dr ORLANDO, FL 32812
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAILEY, DONNA 8303 PORT SAID STREET ORLANDO FL 32817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition VP Tom Chitty P.O Box 660237 Chuluota, FL 32766
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM CHITTY, TOM P.O. BOX 660237 CHILLUOTA FL 32766	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DBM Chip Frenk 958 Sherrington Road Orlando FL 32804
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM JANOFSKY, EDWARD 4141 TWIGHT TRAIL KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM MOSS, DIANA 5858 COVE DRIVE ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DBM Laura Moehlenkamp 1118 Autumn Brook Circle Longwood, FL 32750

CR2E037 (10/00)

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: Diana J. Moss 1-15-01 407-857-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #