

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003877

1. Entity Name

GREATER ORLANDO ORCHID SOCIETY INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90420 017 ****61.25

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

4. FEI Number

59-3327753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSS, DIANA J.
 5858 COVE DR
 ORLANDO FL 32812

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 ☐ Delete
 NAME P
 STREET ADDRESS PRINCE, DONALD
 CITY-ST-ZIP 4143 EDGEWATER DRIVE
 ORLANDO FL 32804

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS MOSS, DIANA J
 CITY-ST-ZIP 5858 COVE DR
 ORLANDO FL 32812

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

TITLE ☒ Delete
 NAME VP
 STREET ADDRESS CHITTY, TOM
 CITY-ST-ZIP P.O. BOX 660237
 CHULUOTA FL 32766

TITLE ☐ Change ☒ Addition
 NAME VP
 STREET ADDRESS ANN MANN
 CITY-ST-ZIP 9045 RONDEN LANE
 ORLANDO FL

TITLE ☐ Delete
 NAME DBM
 STREET ADDRESS MOEHLENKAMP, LAURA
 CITY-ST-ZIP 1118 AUTUMN BROOK CIRCLE
 LONGWOOD FL 32750

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

TITLE ☒ Delete
 NAME DBM
 STREET ADDRESS JANOFKY, EDWARD
 CITY-ST-ZIP 4141 TWIGHT TRAIL
 KISSIMMEE FL 34746

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

TITLE ☐ Delete
 NAME DBM
 STREET ADDRESS FRENK, CHIP
 CITY-ST-ZIP 958 SHERRINGTON ROAD
 ORLANDO FL 32804

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

4-10-02 407 859 3783

CR2E037 (9/01)