

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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



DO NOT WRITE IN THIS SPACE

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 PRINCE, DONALD**
 STREET ADDRESS **4143 EDGEWATER DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DBM FRENK, CHIP**
 STREET ADDRESS **958 SHERRINGTON ROAD**
 CITY-ST-ZIP **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)