

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005937

1. Entity Name

CAT SANCTUARY OF ORLANDO, INC.

Principal Place of Business

4421 WINDERWOOD CIRCLE  
ORLANDO FL 32835

Mailing Address

4421 WINDERWOOD CIRCLE  
ORLANDO FL 32835

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

59-3601748

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

CURCIO, DEBORAH  
4421 WINDERWOOD CIRCLE  
ORLANDO FL 32835

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 ☐ Delete  
NAME CURCIO, DEBORAH  
STREET ADDRESS 4421 WINDERWOOD CIRCLE  
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE VD ☐ Delete  
NAME ESCOBEDO, KIM  
STREET ADDRESS 1756 PAM CIR  
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE STD ☐ Delete  
NAME CURCIO, GEORGE  
STREET ADDRESS 4421 WINDERWOOD CIR  
CITY-ST-ZIP ORLANDO FL 32835

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

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:

*Deborah Curcio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

5-1-01 407-622-2900

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90007 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)