

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90026 006 ****61.25

DOCUMENT # 702834

1. Entity Name

AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

~~392 NW 7183 ST
 GAINESVILLE FL 32653
 XXXXXXXXXX~~

P.O. BOX 1477
 LEHIGH ACRES FL 33970-1477

15191 Homestead Rd.
 Lehigh Acres, FL 33971

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

59-1856303

Applied For

Not Applicable

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

DOGGETT, DONALD W
13060 IDYLWILD RD.
FT. MYERS FL 33905

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 Donald W. Doggett, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-00

**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	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SPENCER, DAVID F	USDA-ARS-ROBBINS HALL 1 SHIELDS AVE.	DAVIS CA 95616	<input checked="" type="checkbox"/>	PD	J. Lewis Decell-JLD Consulting	P.O. Box 821924	Vicksburg, MS 39182-1924	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	STEWART, R. MICHAEL	USAC-WES-ATTN ESP. 3909 HILLS FERRY.	VICKSBURG MS 39180-6199	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	DOGGETT, DONALD W	13060 IDYLWILD RD.	FT. MYERS FL 33905	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Donald W. Doggett, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00 941.694.2174
 Date Daytime Phone #

CR2E037 (9/99)