

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704918

1. Entity Name

JACKSONVILLE ORCHID SOCIETY

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90247 033 ****61.25

Principal Place of Business 1261 ALDERMAN RD. E JACKSONVILLE FL 32211	Mailing Address 1261 ALDERMAN RD. E JACKSONVILLE FL 32211-6218
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2138734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FANT, WAVERLY F
1261 ALDERMAN RD, E
JACKSONVILLE, FL
32211**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete
NAME	KAYCEE, HEINZ	
STREET ADDRESS	NOAH DAVIS RD RT 1 BOX 393	
CITY-ST-ZIP	GLEN ST MARY FL 32040	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVIN, EDWARD	
STREET ADDRESS	1400 AVONDALE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARDELL, PATTI	
STREET ADDRESS	8672 BISHOPSWOOD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KING, NINA C	
STREET ADDRESS	1433-0001 PAULK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELLINGER, CHERYL M	
STREET ADDRESS	920 BIRDWOOD DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KELSON, MARY PAT	
STREET ADDRESS	2000 HODGES BLVD. #808	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simms, ROBERTA	
STREET ADDRESS	4220 Longfellow St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (904) 363-1099
Date Daytime Phone #

CR2E037 (9/99)