

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90083 014 ****61.25

DOCUMENT # 704918

1. Entity Name
JACKSONVILLE ORCHID SOCIETY

Principal Place of Business 1261 ALDERMAN RD. E JACKSONVILLE FL 32211	Mailing Address 1261 ALDERMAN RD. E JACKSONVILLE FL 32211
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00021937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2138734		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent FANT, WAVERLY F 1261 ALDERMAN RD, E JACKSONVILLE FL 32211				7. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	KAYCEE, HEINZ	<input checked="" type="checkbox"/> Delete	TITLE P	KING, NINA C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOAH DAVIS RD RT 1 BOX 393		NAME	1433-0001 PAULK LN.	
STREET ADDRESS	GLEN ST MARY FL 32040		STREET ADDRESS	JACKSONVILLE, FL 32220	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	CAVIN, EDWARD	<input checked="" type="checkbox"/> Delete	TITLE D	BOURGEOIS, WARREN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 AVONDALE AVE		NAME	1619 WESTMINSTER AVE	
STREET ADDRESS	JACKSONVILLE FL 32225		STREET ADDRESS	JACKSONVILLE, FL 32210	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	WARDELL, PATTI	<input checked="" type="checkbox"/> Delete	TITLE D	MANN, AUDREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8672 BISHOPSWOOD RD		NAME	4627 BADEN LN	
STREET ADDRESS	JACKSONVILLE FL 32244		STREET ADDRESS	JACKSONVILLE, FL 32210	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	KING, NINA C	<input checked="" type="checkbox"/> Delete	TITLE VP	HALL, KEITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1433-0001 PAULK LANE		NAME	1702 MANDARIN ESTATES RD	
STREET ADDRESS	JACKSONVILLE FL 32220		STREET ADDRESS	JACKSONVILLE, FL 32223	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE T	DELLINGER, CHERYL M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	920 BIRDWOOD DRIVE		NAME		
STREET ADDRESS	ORANGE PARK FL 32073		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE S	SIMMS, ROBERTA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4220 LONGFELLOW ST		NAME		
STREET ADDRESS	JACKSONVILLE FL 32210		STREET ADDRESS		
CITY-ST-ZIP			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: Cheryl M. Dellinger **REQUIRED** Treasurer 13 Feb 01 904-269-1860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)