

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90324 049 \*\*\*\*61.25

**DOCUMENT # 704918**

1. Entity Name

**JACKSONVILLE ORCHID SOCIETY**

Principal Place of Business

Mailing Address

**1261 ALDERMAN RD. E  
 JACKSONVILLE FL 32211**

**1261 ALDERMAN RD. E  
 JACKSONVILLE FL 32211**

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 **59-2138734**

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

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

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          | <b>P</b>                                | <input type="checkbox"/> Delete            |
| NAME           | <b>KING, NINA C</b>                     |  |
| STREET ADDRESS | <b>1433-0001 PAULK LANE</b>             |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32220</b>            |  |
| TITLE          | <b>D</b>                                | <input type="checkbox"/> Delete            |
| NAME           | <b>BOURGEOIS, WARREN</b>                |  |
| STREET ADDRESS | <b>1619 WESTMINSTER AVE</b>             |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32210</b>            |  |
| TITLE          | <b>D</b>                                | <input checked="" type="checkbox"/> Delete |
| NAME           | <del><b>MANN, AUDREY</b></del>          |  |
| STREET ADDRESS | <del><b>4027 BADEN LANE</b></del>       |  |
| CITY-ST-ZIP    | <del><b>JACKSONVILLE FL 32210</b></del> |  |
| TITLE          | <b>VP</b>                               | <input type="checkbox"/> Delete            |
| NAME           | <b>HALL, KEITH</b>                      |  |
| STREET ADDRESS | <b>1702 MANDARIN ESTATES ROAD</b>       |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32223</b>            |  |
| TITLE          | <b>I</b>                                | <input type="checkbox"/> Delete            |
| NAME           | <b>DELLINGER, CHERYL M</b>              |  |
| STREET ADDRESS | <b>920 BIRDWOOD DRIVE</b>               |  |
| CITY-ST-ZIP    | <b>ORANGE PARK FL 32073</b>             |  |
| TITLE          | <b>S</b>                                | <input type="checkbox"/> Delete            |
| NAME           | <b>SIMMS, ROBERTA</b>                   |  |
| STREET ADDRESS | <b>4220 LONGFELLOW ST</b>               |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32210</b>            |  |

|                |                              |  |
|----------------|------------------------------|--|
| 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          | <b>D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>JUDITH GARCIA</b>         |  |
| STREET ADDRESS | <b>24032 NW 63RD AVE</b>     |  |
| CITY-ST-ZIP    | <b>LAWTON, FL 32058-9402</b> |  |
| 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    |                              |  |

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: *S Cheryl M Dellinger* **RED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)