

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709710

1. Entity Name

THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90096 002 ****61.25

Principal Place of Business

Mailing Address

16125 E LAKE BURRELL
LUTZ FL 33549
US

P.O. BOX 1007
LUTZ FL 33548-1007
US

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

59-6546670

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

DUCHENE, TERESA
16125 E LAKE BURRELL AVE
LUTZ FL 33549

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 VSD ☒ Delete
NAME SIMINSKI, JOHN
STREET ADDRESS 1700 SW 23RD DR
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME PETTI, JOHN
STREET ADDRESS 3030 CASTLETON DR APT-6
CITY-ST-ZIP BRADENTON, FL 34208

TITLE PD ☒ Delete
NAME FUNDERBORK, JOE
STREET ADDRESS RT 3 BOX 4370
CITY-ST-ZIP QUINCY FL

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

TITLE TD ☐ Delete
NAME DUCHENE, TERESA
STREET ADDRESS 16125 E LAKE BURRELL DR
CITY-ST-ZIP LUTZ FL

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

TITLE S ☒ Delete
NAME HAYES, MARY-JO
STREET ADDRESS 1911 SW 34TH ST
CITY-ST-ZIP GAINESVILLE FL

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

TITLE PS ☐ Delete
NAME PETERSON, LANCE
STREET ADDRESS 2626 YACMOUTH LN
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

TITLE YSP ☐ Delete
NAME GREANY, PAT
STREET ADDRESS 3640 HARPELS FERRY DR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-903-9234