

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 709710**

1. Entity Name

**THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.**

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

4. FEI Number

**59-6546670**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE  Change  Addition  
 NAME **5**  
 STREET ADDRESS **PETTI, JOHN**  
 CITY-ST-ZIP **3030 CASTLETON DR APT-6**  
**BRADENTON, FL 34208**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **YSP**  
 STREET ADDRESS **GREANY, PAT**  
 CITY-ST-ZIP **3640 HARDETS FERRY DR.**  
**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 of Patricia Greany*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-903-9234**