

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

01-30-2001 90094 038 ****61.25

DOCUMENT # 709710

1. Entity Name

THE FLORIDA ENTOMOLOGICAL SOCIETY, INC.

Principal Place of Business

16125 E LAKE BURRELL
 LUTZ FL 33549
 US

Mailing Address

P.O. BOX 1007
 LUTZ FL 33548
 US

31445

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

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

TITLE: **VSD**
 NAME: **SIVINSKI, JOHN** ☒ Delete
 STREET ADDRESS: **1700 SW 23RD DR**
 CITY-ST-ZIP: **GAINESVILLE FL**

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

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

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

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PRESIDENT** ☐ Change ☒ Addition
 NAME: **PATRICK GREANY**
 STREET ADDRESS: **4121 NW 15TH PL**
 CITY-ST-ZIP: **GAINESVILLE, FL 32605**

TITLE: **PRESIDENT ELECT** ☐ Change ☒ Addition
 NAME: **JOHN CAPINECA**
 STREET ADDRESS: **P.O. BOX 110620**
 CITY-ST-ZIP: **GAINESVILLE, FL 32611**

TITLE: **SECRETARY** ☐ Change ☐ Addition
 NAME: **STEPHANIE BLOEM**
 STREET ADDRESS: **RT 4 BOX 4092**
 CITY-ST-ZIP: **MONTICELLO, FL 32344**

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

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

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

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: *TERESA DUCHENE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-01

Date

813-903-9234

Daytime Phone #

CR2E037 (10/00)