

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711242

1. Entity Name

FLORIDA NURSERYMEN AND GROWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1533 PARK CENTER DR
ORLANDO FL 32835
US

1533 PARK CENTER DR
ORLANDO FL 32835
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

59-0702760

Applied For

Not Applicable

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

BOLUSKY, BENJAMIN C
1533 PARK CENTER DR
ORLANDO FL 32835

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

T Frye, GERALD
21101 SW 134TH AVE
MIAMI FL 33177

VP
Change Addition

PP Van Cleave, JANE
2001 ROCK SPRINGS RD
APOPKA FL 32712

T M. E. Wurster
7748 Spaner Road
Jacksonville FL 32241 4384

VP Hackney, GEORGE
3690 JUNIPER CREEK ROAD
GREENSBORO FL 32330

P
Change Addition

P Cialone, JOE
5075.95TH AVE SOUTH
LAKE WORTH FL 33467

PP
Change Addition

D Al Somoza
1484 KEANE AVE SW
NAPLES FL

D Bill Klinger
1931 West Lake Brantley Road
Longwood FL 32779 4755

D Shoelson, ROBERT
3900 N 49TH AVE
HOLLYWOOD FL 33021

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Vice President 3-27-02 407 295 7994

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90914 045 ****61.25



DO NOT WRITE IN THIS SPACE