

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-01-2001 90031 028 ****61.25

DOCUMENT # N00000002302

1. Entity Name

FORT WALTON BEACH BONSAI SOCIETY, INC.

Principal Place of Business

Mailing Address

~~28 OREGON DR. NE~~
~~FT. WALTON BEACH FL 32548~~

~~28 OREGON DR. NE~~
~~FT. WALTON BEACH FL 32548~~

2. Principal Place of Business

2817 Jack Nicklaus Way
 Suite, Apt. #, etc.
~~2817~~

3. Mailing Address

P.O. Box 224
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Shalimar, FL

City & State

Shalimar, FL

4. FEI Number

59-3631436

Applied For

Not Applicable

Zip Country
32579-2227 US

Country

Zip Country
32579-0224 US

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLEET, H. BART~~
~~1201 EGLIN PKWY.~~
~~SHALIMAR FL 32579~~

7. Name and Address of New Registered Agent

Name: **Lippincott, Edwin W.**
 Street Address (P.O. Box Number Is Not Acceptable): **2817 Jack Nicklaus Way**
 City: **Shalimar** FL Zip Code: **32579-2227**

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

Edwin W. Lippincott, Treasurer

24 Jan 01

Signature, typed or printed name of registered agent, or both, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<input checked="" type="checkbox"/>	MCCONNELL, ROBERT	P.O. BOX 374	HOLT FL 32664-0374	<input type="checkbox"/>
<input checked="" type="checkbox"/>	KAUFMAN, ROBERT	367 OAKLAND CIR.	FT. WALTON BEACH FL 32548	<input type="checkbox"/>
<input checked="" type="checkbox"/>	YAGLEY, JOHN A II	28 OREGON DR. NE	FT. WALTON BEACH FL 32548	<input type="checkbox"/>
<input checked="" type="checkbox"/>	LIPPINCOTT, ED	2817 JACK NICHOLAS WAY	SHALIMAR FL 32579	<input type="checkbox"/>
<input checked="" type="checkbox"/>	VANDERPOOL, LEE	902 MIDDLE DR.	FT. WALTON BEACH FL 32547	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	President, Lakind R.	902 Middle Dr.	Fort Walton Beach, FL 32547-2850	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	1st VP Edward D. Fabian, D	1488 Oakmont Pl.	Niceville, FL 32578-4314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2nd VP	Vacant		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Treasurer Lippincott, Edwin W., D	2817 Jack Nicklaus Way	Shalimar, FL 32579-2227	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Secretary Lynn Fabian, D	1488 Oakmont Pl.	Niceville, FL 32578-4314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Edwin W. Lippincott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Jan 01, 950-882-9768 X536
 Date Daytime Phone #

CR2E037 (10/00)