

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0031395

DOCUMENT # N00000005027

1. Entity Name

VERO BEACH ORCHID SOCIETY, INC.

04-23-2001 90226 007 ****61.25

Principal Place of Business

Mailing Address

C/O IRA C HATCH, ESQ
 1701 HWY A1A, STE 220
 VERO BEACH FL 32963

C/O IRA C HATCH, ESQ
 1701 HWY A1A, STE 220
 VERO BEACH FL 32963

C0050644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3840 7TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VERO BEACH

City & State

City & State

FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

32968

USA

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

HATCH, IRA C
1701 HWY A1A, STE 220
VERO BEACH FL 32963

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.

00

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: **DP EASTON, RONALD C**
 STREET ADDRESS: **2202 6TH AVE, SE**
 CITY-ST-ZIP: **VERO BEACH FL 32962**

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

TITLE: Delete
 NAME: **DV SARACCO, RUTH**
 STREET ADDRESS: **1166 6TH AVE**
 CITY-ST-ZIP: **VERO BEACH FL 32960**

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

TITLE: Delete
 NAME: **DT CRISS, PATTY**
 STREET ADDRESS: **13608 N INDIAN RIVER DR**
 CITY-ST-ZIP: **SEBASTIAN FL 32958**

TITLE: Change Addition
 NAME: **TREASURER**
 STREET ADDRESS: **NAOMI JEWETT**
 CITY-ST-ZIP: **3840 7TH LANE**
VERO BEACH, FL 32968

TITLE: Delete
 NAME: **S MCGUIRE SMITH, MARY**
 STREET ADDRESS: **13608 N INDIAN RIVER DR**
 CITY-ST-ZIP: **SEBASTIAN FL 32958**

TITLE: Change Addition
 NAME: **SECRETARY**
 STREET ADDRESS: **VICTORIA VOLK**
 CITY-ST-ZIP: **2026 16TH AVE. S.W.**
VERO BEACH, FL 32962

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

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

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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: *NAOMI A. JEWETT* **04.17.01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-919-9310

CR2E037 (10/00)