

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005504

FILED  
Sep 12, 2002  
Secretary of State

Entity Name: DAYTONA BEACH BUTTERFLY CONSERVATORY AND EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

1224 S. PENINSULA DRIVE #207  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

1224 S. PENINSULA DRIVE #207  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-3676516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUNDID, MICHAEL A  
444 SEABREEZE BOULEVARD  
SUITE 800  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KUNDID, MICHAEL A ESQ.  
Address: 444 SEABREEZE BOULEVARD #800  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D      ( ) Delete  
Name: REED, GAULDEN  
Address: 1224 S. PENINSULA DRIVE #207  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D      ( ) Delete  
Name: RUTH BON FLEUR,  
Address: 5750 SWEETWATER BOULEVARD  
City-St-Zip: PORT ORANGE, FL 32127

Title: D      ( ) Delete  
Name: CUNNINGHAM, JAMES  
Address: 4923 SAILFISH DR  
City-St-Zip: POCE INLET, FL 32127

Title: D      ( ) Delete  
Name: GREINER, GLENN  
Address: 2423 ORIOLE LANE  
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D      ( ) Delete  
Name: PEMBROKE, WILLIAM G C.P.A.  
Address: 1922 SE PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A KUNDID

D

09/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date