

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15068

1. Entity Name

FLORIDA NATIVE PLANT SOCIETY, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90188 005 ****61.25

Principal Place of Business P.O. BOX 6116 SPRINGHILL FL 34606 US	Mailing Address P.O. BOX 6116 SPRINGHILL FL 32969-0278 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 690278 Suite, Apt. #, etc.	3. Mailing Address PO BOX 690278 Suite, Apt. #, etc.
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City & State VERO BEACH FL	City & State VERO BEACH, FL	4. FEI Number 59-2676375	Applied For Not Applicable
Zip 32969-0278	Country USA	Zip 32969-0278	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MICHAEL W. MINGEA
 2470 MIKLER RD.
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name: Kim Zarillo
 Street Address (P.O. Box Number is Not Acceptable):
 760 Cajeput Circle
 City: Melbourne Village FL Zip Code: 32904

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: *Kim Zarillo VP* DATE: 2/26/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, ANNIE	
STREET ADDRESS	6327 BARCELONA RD	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERRITER, AMY	
STREET ADDRESS	1507 PINE LN	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRODA, JANICE	
STREET ADDRESS	9335 FRANGIPANI DRIVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLER, CANDACE	
STREET ADDRESS	1515 COUNTRY CLUB RD N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAREISS, ROBERT	
STREET ADDRESS	10301 BELLWOOD AVE	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM ZARILLO	
STREET ADDRESS	760 CAJEPUT CIRCLE	
CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE BOTS	
STREET ADDRESS	NEEDLE PALM ROAD	
CITY-ST-ZIP	PLANT CITY, FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Candace P. Weller* DATE: 2/29/00 DAYTIME PHONE #: 347-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)