

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2001 08:00 AM
Secretary of State

DOCUMENT # N15068

1. Entity Name
 FLORIDA NATIVE PLANT SOCIETY, INC.

Principal Place of Business PO BOX 690278 VERO BEACH 329690278	FL	Mailing Address PO BOX 690278 VERO BEACH 329690278	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number
59-2676375

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZARILLO KIM
 760 CAJEPUT CIRCLE

 MELBOURNE VILLAGE FL
 32904

7. Name and Address of New Registered Agent

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 _____ DATE **04/21/2001**

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

TITLE	ID	<input type="checkbox"/> Delete
NAME	BAREISS ROBERT	
STREET ADDRESS	10301 BELLWOOD AVE	
CITY-ST-ZIP	NEW PT RICHEY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLER CANDACE	
STREET ADDRESS	1515 COUNTRY CLUB RD N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOTTS DEBBIE	
STREET ADDRESS	NEEDLE PALM RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZARILLO KIM	
STREET ADDRESS	760 CAJEPUT CIRCLE	
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVRIL JUDITH	
STREET ADDRESS	680 32ND AVE SW	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER RAYMOND	
STREET ADDRESS	107 NATURES WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B UTTS DEBBIE	
STREET ADDRESS	4321 NEEDLE PALM RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input 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)(f), 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: JUDITH AVRIL TD 04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)