

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N15068

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA NATIVE PLANT SOCIETY, INC.

Current Principal Place of Business:

PO BOX 690278
VERO BEACH, FL 329690278 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 690278
VERO BEACH, FL 329690278 US

New Mailing Address:

FEI Number: 59-2676375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARILLO, KIM
760 CAJÉPUT CIRCLE
MELBOURNE VILLAGE, FL 32904

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: VD () Delete
Name: ZARILLO, KIM
Address: 760 CAJÉPUT CIRCLE
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: SD () Delete
Name: B UTTS, DEBBIE
Address: 4321 NEEDLE PALM RD
City-St-Zip: PLANT CITY, FL 33565

Title: PD () Delete
Name: MILLER, RAYMOND
Address: 107 NATURES WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: AVRIL, JUDITH
Address: 680 32ND AVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZARILLO, KIM
Address: 760 CAJÉPUT CIRCLE
City-St-Zip: MELBOURNE VILLAGE, FL 32904 US

Title: SD (X) Change () Addition
Name: ROBERTS, KATHERINE
Address: 166 11TH AVE N
City-St-Zip: SAFETY HARBOR, FL 346953473 US

Title: VD (X) Change () Addition
Name: MACCLENDON, TRAVIS
Address: 3385 KENT DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: VD (X) Change () Addition
Name: EGOLF, ROBERT
Address: 852 ADLERSOOD WAY
City-St-Zip: SARASOTA, FL 342431314 US

Title: TD () Change (X) Addition
Name: WELLER, CANDACE L
Address: 1515 COUNTRY CLUB ROAD N
City-St-Zip: ST PETERSBURG, FL 337104430 US

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: CANDACE L. WELLER

TD

04/27/2002

Electronic Signature of Signing Officer or Director

Date