

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90055 035 ****61.25

DOCUMENT # N25664

1. Entity Name

FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

Principal Place of Business

Mailing Address

DAN THAYER
 P.O. BOX 24680
 WEST PALM BEACH FL 33416
 US

C/O DAN THAYER
 P.O. BOX 24680
 WEST PALM BEACH FL 33416

00049917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0140632

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THAYER, DAN
 3301 GUN CLUB RD
 WEST PALM BEACH FL 33406

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 _____

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: DT
 NAME: THEYER, DAN Delete
 STREET ADDRESS: 3301 GUN CLUB RD
 CITY-ST-ZIP: WEST PALM BEACH FL 33406

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

TITLE: DS
 NAME: SMITH, JACQUELINE Delete
 STREET ADDRESS: 3111-B13 FORTUNE WAY
 CITY-ST-ZIP: WELLINGTON FL 33414

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

TITLE: DC
 NAME: PERNAS, ANTHONY Delete
 STREET ADDRESS: HCR-61 BOX 11
 CITY-ST-ZIP: OCHOPEE FL 33943

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

TITLE: DC Delete
 NAME: JUBINSKY, GREG P
 STREET ADDRESS: 3917 COMMONWEALTH BLVD
 CITY-ST-ZIP: TALLAHASSEE FL

TITLE: OFFICER Change Addition
 NAME: Ken Hangeland
 STREET ADDRESS: 7922 N.W. 71st St.
 CITY-ST-ZIP: Gainesville, FL 32653

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 01 561-882-6129
 Date Daytime Phone #

CR2E037 (10/00)