

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90025 033 ****70.00

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
 USA**

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



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 **Kristina K. Serbesoff-King**

Street Address (P.O. Box Number is Not Acceptable)
3301 Gun Club Road

City **West Palm Beach** **FL** Zip Code **33406**

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	Delete	TITLE	DT	Change	Addition
NAME	THEYER, DAN	<input checked="" type="checkbox"/>	NAME	Kristina K. Serbesoff-King	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	3301 GUN CLUB RD		STREET ADDRESS	3301 Gun Club Road		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		CITY-ST-ZIP	West Palm Beach, FL 33406		
TITLE	DS	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	SMITH, JACQUELINE		NAME			
STREET ADDRESS	3111-B13 FORTUNE-WAY		STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	PERNAS, ANTHONY		NAME			
STREET ADDRESS	HCR-61 BOX 11		STREET ADDRESS			
CITY-ST-ZIP	OCHOPEE FL 33943		CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	LANGELAND, KEN		NAME			
STREET ADDRESS	7922 NW 71ST STREET		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: *Kristina Serbesoff-King* Kristina Serbesoff-King 1/18/02 (SGL) 682-2864