

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90137 026 \*\*\*\*70.00

**DOCUMENT # N25664**

1. Entity Name  
**FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED**



Principal Place of Business  
**DAN THAYER  
P.O. BOX 24680  
WEST PALM BEACH FL 33416  
US**

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0140632**  
Applied For  
Not Applicable

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

**SERBESOFF-KING, KRISTINA K  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SMITH, JACQUELINE 3111-B13 FORTUNE WAY WELLINGTON FL 33414</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC PERNAS, ANTHONY HCR-81 BOX 11 OCHOPEE FL 33943</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O LANGELAND, KEN 7922 NW 71ST STREET GAINESVILLE FL 32653</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SERBESOFF-KING, KRISTINA K 3301 GUN CLUB RD WEST PALM BEACH FL 33406</b>	<input type="checkbox"/> Delete <b>Director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Heidi Rhoades 110 NE 8th street Delray, FL 33444</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past-Chair Ken Langeland 7922 NW 71 street Gainesville, FL 32653</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chair Michael Bodie 3301 Gun Club Rd. West Palm Beach, FL 33406</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 K Serbesoff-King* **1-17-03** **561-682-2864**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)