2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90902 006 ****61.25

0079452

DOCUMENT # N95000001150

1. Entity Name

SUNCOAST NATIVE PLANT SOCIETY, INC.

Principal Place of Business	Mailing Address
13205 BURNES LAKE DR. TAMPA FL 33612	P.O. BOX 82893 TAMPA FL 33682

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3308941 ☑ 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
SPRIGGS, FREDRICK G 13205 BURNES LAKE DR. TAMPA FL 33612	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPRIGGS, FRED 13205 BURNES LAKE DR. TAMPA FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KISH, GEORGE R 15018 MEADOWLAKE ST ODESSA FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WUNDERLIN, RICHARD P 2013 CURRY RD LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD WRIGHT, HARRIETT 4215 WATER OAKS LANE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HOEK, CARMEL V 1027 BERRY AVE TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AMEE BAILEY 2602 GIDDENS AVE SEFFNER FL 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Fredrick Spriggs SIGNATURE REQUIRED FREDRICK SPRIGGS 3/25/02 813 287-6297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #