

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721237

1. Entity Name

FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORAT

Principal Place of Business

Mailing Address

389 S CENTRAL AVE  
UMATILLA FL 32784

389 S CENTRAL AVE  
UMATILLA FL 32784-9572

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

59-1776440

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

RANDALL, CHARLOTTE  
389 S CENTRAL AVE  
UMATILLA FL 32784

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  
ES  
RUSSELL, CAROL  
1274 PRESQUIS ISLE DR  
PORT CHARLOTTE FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
RANDALL, CHARLOTTE  
389 S CENTRAL AVE  
UMATILLA FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HERMAN, ELMORE  
PO BOX 381  
WINTER HAVEN FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KELLEY, ROBERT H  
115 PATTEN HEIGHTS  
LAKELAND FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WESTERVELT, JOHN  
13828 YALE HAMMOCK RD  
UMATILLA FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RUSSELL, EARL C  
1274 PRESQUE ISLE DR  
PORT CHARLOTTE FL

☐ Change ☐ 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:

*Charlotte Randall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/04/00 352-669-2441

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90180 027 \*\*\*\*61.25

707174



DO NOT WRITE IN THIS SPACE