

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737178

1. Entity Name

FLORIDA IRRIGATION SOCIETY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90874 017 ****61.25

Principal Place of Business

Mailing Address

1025 S. SEMORAN BLVD.
BLDG. 1 STE. 1093
WINTER PARK FL 32792
US

P. O. BOX 1627
GOLDENROD FL 32733-1627
US

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

59-1781561

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

MURPHY, KATHY S
1025 S. SEMORAN BLVD.
BLDG. 1 STE. 1093
WINTER PARK FL 32792

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 VD ☐ Delete
NAME REZAKHANI, MOSLEH
STREET ADDRESS P.O. DRAWER 18279 N/A
CITY-ST-ZIP W PALM BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HINELINE, HARLAN
STREET ADDRESS PORT ORANGE PLUMBING, P.O. BOX 290874 N/A
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SALIWANCHIK, MIKE
STREET ADDRESS 6416 OLD WINTER GARDEN RD
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME LYNN, SAM
STREET ADDRESS 11711-2 PHILLIPS HWY
CITY-ST-ZIP JAX FL 32256

TITLE SD ☐ Change ☒ Addition
NAME ALMOND, CHARLES
STREET ADDRESS 300 CYPRESS LANDING DR.
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE SD ☐ Delete
NAME NEFF, RICHARD
STREET ADDRESS 4770 NE 11 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HAGEN, BILL
STREET ADDRESS 707 PESCADOR AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE TD ☐ Change ☒ Addition
NAME PERKINS, MICHAEL
STREET ADDRESS 1901 NW 18th ST
CITY-ST-ZIP POMPANO BEACH, FL 33069

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 file 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 a new address with which it is associated. Charles Almond, Secretary 407-682-6596

SIGNATURE:

SIGNATURE REQUIRED

4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)