

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90106 042 ****61.25

DOCUMENT # **751925**

1. Entity Name

SARASOTA BROMELIAD Society, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

811 South Palm Ave.
Suite, Apt. #, etc.

3. Mailing Address

811 South Palm Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

421659

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
59-2019517

Applied For
Not Applicable

Zip
34236

Country
USA

Zip
34236

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JANE B. Williams**

Street Address (P.O. Box Number is Not Acceptable)
3012 POST RD.

City **SARASOTA, FL** Zip Code **34231**

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 **Jane B. Williams** **JANE B. Williams, Treasurer** **2/18/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMIEUX, Raymond 212 N. BRIGGS AVE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, SHIRLEY 7066 HAWKINS RD. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANE B. Williams 3012 POST RD. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEILA OLIVER 2532 SUNNYBROOK DR. SARASOTA, FL 34239
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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 on an attachment with an address, with all other like, empowered.

SIGNATURE: **Jane B. Williams** **JANE B. Williams, Treasurer** **2/18/02** **941-923-9544**

CR2E037B (12/01)