

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90171 015 ****61.25

DOCUMENT # 721237

1. Entity Name

FLORIDA STATE BEEKEEPERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

115 PATTEN HEIGHTS ST
 LAKELAND FL 33803-2248

115 PATTEN HEIGHTS ST
 LAKELAND FL 33803-2248

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

KELLEY, ROBERT H
FLORIDA STATE BEEKEEPERS ASSOCIATION
115 PATTEN HEIGHTS ST
LAKELAND FL 33803-2248

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 ☐ Delete
 NAME **ES**
 STREET ADDRESS **RUSSELL, CAROL**
 CITY-ST-ZIP **1274 PRESQUIS ISLE DR**
PORT CHARLOTTE FL

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

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

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **HERMAN, ELMORE**
 CITY-ST-ZIP **PO BOX 381**
WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3915 E. LK. CONINE DR**
 CITY-ST-ZIP **33881**

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RUSSELL, EARL C**
 CITY-ST-ZIP **1274 PRESQUE ISLE DR**
PORT CHARLOTTE FL

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

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 line empowered.

SIGNATURE:

Robert H. Kelley
 Robert H. Kelley, Treasurer OR DIRECTOR

3/12/02 *(813) 682-2724*
 Date Daytime Phone #

CR2E037 (9/01)