

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90133 047 \*\*\*\*61.25

**DOCUMENT # 737178**

1. Entity Name

**FLORIDA IRRIGATION SOCIETY, INC.**

Principal Place of Business

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

Mailing Address

P. O. BOX 1627  
 GOLDENROD FL 32733  
 US

2. Principal Place of Business

**One Purlieu Pl**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 122**

City & State  
**Winter Park FL**

City & State

Zip  
**32792**

Country  
**USA**

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**  
**ONE PURLIEU PL SUITE 122**  
**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 **D** ☐ Delete  
 NAME **REZAKHANI, MOSLEH**  
 STREET ADDRESS **P.O. DRAWER 18279 N/A**  
 CITY-ST-ZIP **W PALM BEACH FL**

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

TITLE **PD** ☐ 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 **SD** ☐ Delete  
 NAME **ALMOND, CHARLES**  
 STREET ADDRESS **300 CYPRESS LANDING DR.**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

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

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

TITLE **TD** ☐ Delete  
 NAME **PERKINS, MICHAEL**  
 STREET ADDRESS **1901 NW 18TH ST**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathy S. Murphy**

**4/29/02**  
 Date

**407-678-8119**  
 Daytime Phone #

CR2E037 (9/01)