

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90125 038 ****61.25

DOCUMENT # 737178

1. Entity Name
FLORIDA IRRIGATION SOCIETY, INC.



Principal Place of Business

**ONE PURLIEU PLACE
SUITE 122
WINTER PARK FL 32792
US**

Mailing Address

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

2. Principal Place of Business

9340 N. 56th Street

Suite, Apt. #, etc.

Suite 105

City & State

TEMPLE TERRACE, FL

Zip

33617

Country

USA

3. Mailing Address

9340 N. 56th Street

Suite, Apt. #, etc.

Suite 105

City & State

TEMPLE TERRACE, FL

Zip

33617

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

**MURPHY, KATHY S
ONE PURLIEU PL SUITE 122
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **Jennifer Martelli**

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

9340 N. 56th Street Suite 105

City

TEMPLE TERRACE

FL

Zip Code

33617

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer Martelli* **Jennifer Martelli**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ID	<input type="checkbox"/> Delete
NAME	REZAKHANI, MOSLEH	
STREET ADDRESS	P.O. DRAWER 18279 N/A	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HINELINE, HARLAN	
STREET ADDRESS	PORT ORANGE PLUMBING, P.O. BOX 290874 N/A	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALMOND, CHARLES	
STREET ADDRESS	300 CYPRESS LANDING DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NEFF, RICHARD	
STREET ADDRESS	4770 NE 11 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERKINS, MICHAEL	
STREET ADDRESS	1901 NW 18TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINELINE, HARLAN	
STREET ADDRESS	PORT ORANGE PLUMBING, PO BOX 290874	
CITY-ST-ZIP	PORT ORANGE, FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, RICHARD	
STREET ADDRESS	4770 NE 11 AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMOND, CHARLES	
STREET ADDRESS	300 CYPRESS LANDING DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, MICHAEL	
STREET ADDRESS	1901 NW 18th St	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRAGLIOTTA, John	
STREET ADDRESS	5508 W. LINEBAUGH AVE Suite 55	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Miragliotta* **John Miragliotta** **TD 4/3/03 (813) 9859744**

CR2E037 (10/02)