

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700443

1. Entity Name

SOUTH FLORIDA ORCHID SOCIETY INC

Principal Place of Business

10801 S.W. 124TH ST.
MIAMI FL 33176
US

Mailing Address

6800 APPALOOSA TRAIL
FT LAUDERDALE FL 33308
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

59-0597590

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

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

After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME BENNETT, DOROTHY
STREET ADDRESS 1460 NW 113 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 200004035652--7
CITY-ST-ZIP -04/20/01--01062--014
*****70.00 *****70.00

TITLE D ☐ Delete
NAME CHRISTENSEN, DAN
STREET ADDRESS 2390 BAY BERRY DR.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 200004035652--7
CITY-ST-ZIP -04/20/01--01062--015
*****236.25 *****236.25

TITLE VP ☐ Delete
NAME SAULEDA, RUBEN
STREET ADDRESS 12555 SW 46 STREET
CITY-ST-ZIP MIAMI FL 33175

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

TITLE T ☐ Delete
NAME VIGGIANI, JOAN
STREET ADDRESS 6800 APPALOOSA TRAIL
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ Delete
NAME RICHARDSON, WILLIAM A
STREET ADDRESS 8440 SW 80TH PLACE
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME FUCHS, ROBERT
STREET ADDRESS 28100 S.W.182 AVE.
CITY-ST-ZIP HOMESTEAD FL

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -9 PM 1:11



REINSTATEMENT 00-01

CR2E037 (5/00)