2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002
Secretary of State

DOCUMENT# 700443

Entity Name: SOUTH FLORIDA ORCHID SOCIETY INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

6800 APPALOOSA TRAIL
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-0597590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARWELL, RICHARD P
10855 SW 129 ST.
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BENNETT, DOROTHY	
Address:	1460 NW 113 AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	D	( ) Delete
Name:	CHRISTENSEN, DAN	
Address:	2390 BAY BERRY DR.	
City-St-Zip:	PEMBROKE PINES, FL	
Title:	VP	( ) Delete
Name:	SAULEDA, RUBEN	
Address:	12555 SW 46 STREET	
City-St-Zip:	MIAMI, FL 33175	
Title:	T	( ) Delete
Name:	VIGGIANI, JOAN	
Address:	6800 APPALOOSA TRAIL	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	D	( ) Delete
Name:	RICHARDSON, WILLIAM A	
Address:	8440 SW 80TH PLACE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	FUCHS, ROBERT	
Address:	28100 S.W.182 AVE.	
City-St-Zip:	HOMESTEAD, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN VIGGIANI T 09/12/2002

Electronic Signature of Signing Officer or Director — Date