

DOCUMENT # 709047

1. Entity Name

SARASOTA SUCCULENT SOCIETY

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90010 009 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1310 38TH STREET SARASOTA FL 34234		Mailing Address 1310 38TH STREET SARASOTA FL 34234	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7317366		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STONE, ROBERT M. 310 23RD AVE WEST BRADENTON FL 34205		7. Name and Address of New Registered Agent Name: HEDWIG LANG Street Address (P.O. Box Number is Not Acceptable): 4158 PALAU DR. City: SARASOTA FL Zip Code: 34241	
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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 Hedwig LANG - TREASURER Hedwig Lang 1-7-01
 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 NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, DOLORES 2214 FLOYD ST. SARASOTA FL 34239-2449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENTRY, DOLORES 2214 FLOYD ST. SARASOTA FL 34239-2449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, PHYLLIS 2900 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. ROBBINS, DERRICK 1113 GULFORD LANE SARASOTA, FL. 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANG, HEDWIG 4158 PALAU DRIVE SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANG, HEDWIG 4158 PALAU DR. SARASOTA FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, ROBERT 310 23RD AVE W. BRADENTON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, ETHEL 310 23RD AVE WEST BRADENTON FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIOLA Abel 380 NORTH SHORE DRIVE SARASOTA, FL. 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMEIER, WILDA 4621 LONGLEAF LANE SARASOTA, FL. 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Hedwig Lang
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-01
 Date

941-377-3147
 Daytime Phone #

CR2E037 (10/00)