

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709047

1. Entity Name

SARASOTA SUCCULENT SOCIETY

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7317366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANG, HEDWIG
4158 PALAU DR
SARASOTA FL 34241

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

Hedwig Lang

HEDWIG LANG

1-15-02

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

TITLE SD ☐ Delete
NAME GENTRY, DOLORES
STREET ADDRESS 2214 FLOYD ST.
CITY-ST-ZIP SARASOTA FL 34239-2449

TITLE VD ☐ Delete
NAME ROBBINS, DERRICK
STREET ADDRESS 1113 GUIFORD LANE
CITY-ST-ZIP SARASOTA FL 34234

TITLE TD ☐ Delete
NAME LANG, HEDWIG
STREET ADDRESS 4158 PALAU DRIVE
CITY-ST-ZIP SARASOTA FL 34241

TITLE CSD ☐ Delete
NAME ABEL, VIOLA
STREET ADDRESS 380 NORTH SHORE DRIVE
CITY-ST-ZIP SARASOTA FL 34234

TITLE PD ☐ Delete
NAME MEIER, WILDA
STREET ADDRESS 4621 LONGLEAF LANE
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Hedwig Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEDWIG LANG

1-15-02 941-377-3147

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE