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

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90245 012 ****61.25

DOCUMENT # 737376

1. Entity Name

FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
2002 E MICHIGAN ST ORLANDO FL 32806 US	PO BOX 560700 ORLANDO FL 32856 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	801 South Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: New Smyrna Beach, FL
Zip / Country	Zip: 32168 / Country: US

4. FEI Number 59-2108135 ☐ 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
WEINSIER, STEVEN 2041 SW 70 AVE BLDG-D/11 DAVIE FL 33317	Name: David Farr Street Address (P.O. Box Number is Not Acceptable): 801 South Street City: New Smyrna Beach **FL** Zip Code: 32168

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODGERS, JOHN 8302 LAUREL FAIR CIRCLE #140 PALATKA FL 32177	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PJ Myers P. O. Box 1469 Eagle Lake, FL 33839-1469	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S OLSON, TODD 6753 GARDEN RD. STE 109 RIVERIA BEACH FL 33404	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Angie Huebner 525 Ridgelawn Road Clewiston, FL 33440-5599	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GUBERT, REBECCA 2191 SOUTH SERVICE LANE LAKE BUENA VISTA FL 32830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T David Farr 801 South Street New Smyrna Beach, FL 32168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLASSCOCK, SCOTT PO BOX 1000 LAKE BUENA VISTA FL 32830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Catherine Johnson 5882 S. Semoran Blvd. Orlando, FL 32822	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, PJ PO BOX 1469 EAGLE LAKE FL 33839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Baker 13081 Military Trail Delray Beach, FL 33484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUTTON, DAVE 3205 SW COLLEGE AVE FORT LAUDERDALE FL 33314	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bill Moore 11512 Lake Katherine Circle Clermont, FL 34711	☐ Change ☑ Addition

CR2E037 (10/02)

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 REQUIRED David J. Farr 2-10-03 386-424-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR