

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-21-2002 90894 001 ****61.25

DOCUMENT # 739760

1. Entity Name

BROMELIAD SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

3515 BOGGY CREEK RD
 KISSIMMEE FL 34744-0418
 US

PO BOX 536961
 ORLANDO FL 32853-6961

29893

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1920 N. Forest Ave.

City & State

City & State

Orlando, Florida

Zip

Country

Zip

Country

32803

USA

4. FEI Number

59-1882896

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

ELOISE BEACH
 Street Address (P.O. Box Number is Not Acceptable)

City APOPKA

FL

Zip Code

32712

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

Eloise R. Beach - Vice President
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/25/2002

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	LAW, KATHY	4363 RADIO AVE	SANFORD FL 32773	President	Boardman, John	2425 Peacock Court	St. Cloud, FL 34771
VD	BOARDMAN, JOHN	2425 PEACOCK COURT	ST CLOUD FL 34771	Vice-President	Beach, Eloise	P.O. Box 1054	Apopka, FL 32704-1054
TD	HALL, EDWARD	1111 GLEN GARY CR	MAITLAND FL 32751	Treasurer	Kwiat, Helen	1329 Sterling Oaks Drive	Casselberry, FL 32707-3647
SD	FLESHNER, PAM	PO BOX 37	WINDERMERE FL 34786	Secretary	McNulty, Dot	2826 Conway Gardens Road	Orlando, FL 32806

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 #

CR2037 (9/01)