

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90393 038 ****61.25

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DOCUMENT # 739760

1. Entity Name

BROMELIAD SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business

~~3615 BOGGY CREEK RD~~
~~KISSIMMEE FL 34744-9416~~
~~US~~

Mailing Address

PO BOX 536961
ORLANDO FL 32853-6961

2. Principal Place of Business

1920 N. Forest Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

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

~~WOOD, J. BRIAN~~
~~37 CROTON DR.~~
~~ORLANDO FL 32807~~

7. Name and Address of New Registered Agent

Name **Eloise Beach**

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

2105 Vick Road

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Eloise Beach**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

21 March '03

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

TITLE **PD** ☒ Delete
NAME **LAW, KATHY**
STREET ADDRESS **4363 RADIO AVE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **VD** ☒ Delete
NAME **BOARDMAN, JOHN**
STREET ADDRESS **2425 PEACOCK COURT**
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE **TD** ☒ Delete
NAME **HALL, EDWARD**
STREET ADDRESS **1111 GLEN GARY CR**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SD** ☒ Delete
NAME **FLESHNER, PAM**
STREET ADDRESS **PO BOX 37**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Henry, Herbert**
STREET ADDRESS **2101 North Hastings St.**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **VD** ☒ Change ☐ Addition
NAME **Fletcher, Pam**
STREET ADDRESS **P.O. Box 37**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **TD** ☒ Change ☐ Addition
NAME **Kwiat, Helen**
STREET ADDRESS **1329 Sterling Oaks Drive**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **SD** ☒ Change ☐ Addition
NAME **Cimato, Michael**
STREET ADDRESS **374B Ventura Cove Drive**
CITY-ST-ZIP **Orlando, FL 32822**

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

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:

Signature Required

3/24/03

407-695-3887

CR2E037 (10/02)