

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-20-2000 90095 014 ****61.25

DOCUMENT # 744825

1. Entity Name

THE MARIE SELBY BOTANICAL GARDENS, INC.

Principal Place of Business

Mailing Address

811 S PALM AVE
SARASOTA FL 34236811 S PALM AVE
SARASOTA FL 34236-7726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1848965

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0007587



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, PRISCILLA R
811 S PALM AVE
SARASOTA FL 34236

Name

Rita M. Aughey

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

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

(NOTE: Registered Agent signature required when reinstating)

1/4/00

DATE

FILE NOW:
FEE IS \$61.259. 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	TR	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	HARRIS, RICHARD H		NAME	Chairman	
STREET ADDRESS	565 SANCTUARY DR #506B		STREET ADDRESS	Gary Heard	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	P.O. Box 49494	
				Sarasota, FL 34230	
TITLE	TTR	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	CONOVER, PHILIP L		NAME	Vice-Chairman	
STREET ADDRESS	8218 CYPRESS HOLLOW DR		STREET ADDRESS	Philip Conover	
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	8218 Cypress Hollow Dr	
				Sarasota FL 34238	
TITLE	STR	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	HENDERSON, LOUISE		NAME	Secretary	
STREET ADDRESS	1708 CHEROKEE DR		STREET ADDRESS	Brenda Patten	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	P.O. Box 3798	
				Sarasota FL 34230	
TITLE	TR	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	JOST, JACK		NAME	Treasurer	
STREET ADDRESS	4807 PEREGRINE PT. CIR W		STREET ADDRESS	Joel Fedder	
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP	3653 Fair Oaks Lane	
				Longboat Key FL 34228	
TITLE	CTR	☒ Delete	TITLE		☐ Change ☒ Addition
NAME	HEARD, J GARRETT IV		NAME		
STREET ADDRESS	811 S PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE	M	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BIERNER, MARK W		NAME	Executive Director	
STREET ADDRESS	1904 IRVING STREET		STREET ADDRESS	Margaret Lowman	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	811 S. Palm Avenue	
				Sarasota FL 34236	

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 #

1/4/00

(941) 366-5731