

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751291

1. Entity Name

FLORICULTURE INDUSTRY RESEARCH AND SCHOLARSHIP T  
RUST (FIRST) INC.

Principal Place of Business

809 N HARRISON  
EAST LANSING MI 48823  
US

Mailing Address

P.O. BOX 280  
EAST LANSING MI 48826-0280  
US

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 59-1975717

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

HUMPHRIES, J. BOB  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
CORFIELD, JUDY  
STREET ADDRESS 103 BROOKFIELD LANE  
CITY-ST-ZIP GENEVA IL 60134-1714

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

TITLE ☐ Delete  
NAME DV  
KELLY, LELA  
STREET ADDRESS 2090 SUNNYDALE BLVD  
CITY-ST-ZIP CLEARWATER FL 33765

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

TITLE ☐ Delete  
NAME DP  
BARTLETT, DOROTHY  
STREET ADDRESS MOTHBALL WAY  
CITY-ST-ZIP NANTUCKET MA 02554

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

TITLE ☐ Delete  
NAME D  
UMSTEAD, JAN  
STREET ADDRESS 622 TOWN RD  
CITY-ST-ZIP W CHICAGO IL

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

TITLE ☐ Delete  
NAME DST  
STILES, TIM  
STREET ADDRESS 2125 72ND STREET SW  
CITY-ST-ZIP BYRON CENTER MI 49315

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D.M. William T Willbrandt  
STREET ADDRESS 809 N HARRISON  
CITY-ST-ZIP EAST LANSING MI 48823

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 #

CR2E037 (9/01)