

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90140 035 \*\*\*\*\*61.25

**DOCUMENT # 762842**

1. Entity Name

**THE SOUTH FLORIDA PALM SOCIETY, INC.**



Principal Place of Business

**6120 SW 132ND STREET  
PINECREST FL 33156**

Mailing Address

**6120 SW 132ND STREET  
PINECREST FL 33156**

**22000312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2528151**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SOLOMON, CHERYL C  
2322 SW 25TH TERRACE  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Howard Waddell**

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

**6120 SW 132ND STREET**

**PINECREST**

**FL 33156**

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]*

**DIRECTOR**

**1/8/03**

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	PD	<input type="checkbox"/> Delete
NAME	STERN, PETER S	
STREET ADDRESS	25000 SW 152ND AVE.	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, WADDELL	
STREET ADDRESS	6120 SW 132 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, JODY	
STREET ADDRESS	9525 JAMAICA DR	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BULLARD, KURT	
STREET ADDRESS	7880 SW 129 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, KEN	
STREET ADDRESS	22845 SE 163RD AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAIT, JEFF	
STREET ADDRESS	9621 SW 102ND STREET	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER S. STERN	
STREET ADDRESS	25000 SW 152ND AVE	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD WADDELL	
STREET ADDRESS	6120 SW 132 ST	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN JOHNSON	
STREET ADDRESS	22845 SW 163 AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **HOWARD WADDELL** **1/8/03** **305/666-0476**

CR2E037 (10/02)