

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21778

1. Entity Name

BOCA RATON ORCHID SOCIETY, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90087 045 ***150.00

Principal Place of Business

Mailing Address

PO BOX 276367
BOCA RATON FL 33427-6367
US

PO BOX 276367
BOCA RATON FL 33427-6367
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 65-0089433

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

ERMAN, NED
9874 A BOCA GARDEN TRAIL
BOCA RATON FL 33497

Name HEIM-MAECHTLE, JANE

Street Address (P.O. Box Number is Not Acceptable)
2020 S. CONFERENCE DR

City

BOCA RATON

FL

Zip Code 33486

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 *Jane Heim-Maechtle*
Signature, typed or printed name of registered agent and title if applicable.

JANE HEIM-MAECHTLE
PRESIDENT & RES. AGENT

3/9/2000
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KLAASEN, A J	
STREET ADDRESS	299 NE 4TH ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHISHOLM, JUDY	
STREET ADDRESS	7292 VIA PALOMAR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ERMAN, NED	
STREET ADDRESS	9874 A BOCA GARDENS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33497	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAGNER, PAULA	
STREET ADDRESS	1490 NE 4TH CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEIM-MAECHTLE, JANE	
STREET ADDRESS	2028 S CONFERENCE DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHISHOLM, SALLIE	
STREET ADDRESS	3135 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BCH FL 33445	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, JACKIE	
STREET ADDRESS	1360 SW 18th ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN WENER, JUDY	
STREET ADDRESS	22553 ESPLANADA DR.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jackie Wood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2000 561-368-0278
Date Daytime Phone #

CR2E034 (9/99)