

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90213 003 \*\*\*\*61.25

**DOCUMENT # N00000002490**

1. Entity Name

**REDLAND ORCHID FESTIVALS, INC.**

Principal Place of Business

26505 SW 203 AVE  
 HOMESTEAD FL 33031

Mailing Address

P O BOX 924243  
 HOMESTEAD FL 33092-4243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1025982

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FOSTER, JOHN F**  
**501 S FLAGLER DRIVE STE 305**  
**WEST PALM BEACH FL 33401**

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 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D BRETSDYDER, LYNN**  
**14400 S.W. 248 ST**  
**PRINCETON FL 33032**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD PEREVS, BILL**  
**18755 S.W. 248 ST**  
**HOMESTEAD FL 33031**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD RANDALL, ROBERT**  
**26505 S.W. 203 AVE.**  
**HOMESTEAD, FL 33031**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD CAMERON, KEN**  
**26620 S.W. 203 AVE.**  
**HOMESTEAD, FL 33031**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D GOLDAN, BARBARA**  
**20075 S.W. 180 AVE.**  
**HOMESTEAD, FL 33187**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D MOTES, MARTIN**  
**25000 S.W. 162 AVE.**  
**HOMESTEAD, FL 33031**

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:** *Ken Cameron*  
**SIGNATURE REQUIRED**

3/26/01 (305) 246-2473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment #  
Redland Orchid Festivals, Inc. (000000002490)

Additional OFFICER / DIRECTOR 519348

11. Continued

Title	VD	<input type="checkbox"/> change <input checked="" type="checkbox"/> Addition
Name	Exposito, Jose	
Street Address	15851 S.W. 198 AVE	
City-St-Zip	Miami, FL 33187	