

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90179 030 \*\*\*\*61.25

**DOCUMENT # N00000002490**

1. Entity Name  
**REDLAND ORCHID FESTIVALS, INC.**

Principal Place of Business <b>26505 SW 203 AVE HOMESTEAD FL 33031</b>	Mailing Address <b>P O BOX 924243 HOMESTEAD FL 33092-4243</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-1025982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FOSTER, JOHN F  
 501 S FLAGLER DRIVE STE 305  
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRETSNYDER, LYNN</b>	
STREET ADDRESS	<b>14400 SW 248 STREET</b>	
CITY-ST-ZIP	<b>PRINCETON FL 33032</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>PERERS, BILL</b>	
STREET ADDRESS	<b>18755 SW 248 STREET</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RANDALL, ROBERT</b>	
STREET ADDRESS	<b>26505 SW 203 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMERON, KEN</b>	
STREET ADDRESS	<b>26620 SW 203 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BALDAN, BARBARA</b>	
STREET ADDRESS	<b>20075 SW 180 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33187</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOJES, MARTIN</b>	
STREET ADDRESS	<b>25000 SW 162 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSE EXPOSITO</b>	
STREET ADDRESS	<b>15851 SW 148th AVE, Miami, FL 33187</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Ken Cameron*  
**SIGNATURE REQUIRED**

4/23/02 (305) 246-2473

CR2E037 (9/01)