

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90247 011 ****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**

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 **65-1025982**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Exposito, Jose	
STREET ADDRESS	25750 S.W. 177 AVE	
CITY-ST-ZIP	HOMESTEAD, FL. 33031	
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**

4/18/03 (305) 246-2473

CR2E037 (10/02)