*2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005504

1. Entity Name

DAYTONA BEACH BUTTERFLY CONSERVATORY AND EDUCATI

Mailing Address Principal Place of Business 1224 S. PENINSULA DRIVE #207 DAYTONA BEACH EL 32118 1224 S. PENINSULA DRIVE #207

FILED * Apr 12, 2001 8:00 am 5 Secretary of State

04-12-2001 90067 016 ****61.25

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2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	DO NOT W	RITE IN THIS	SPACE		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					OO NOT W	T(1) E ((4) 1) (5	I SI AOL		
City & State	Э		City & State				4. FEI Number	-3676	5516	Ar	oplied For ot Applicable]
Zip		Country	Zip	Zip Cou			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name	and Address of Current R	egistered Agent	stered Agent			7. Name and Ad	idress of New]
- · ·	-	 		-ಪ್ರಕ್ಷ-	Name-			, e =	e se se e	the state of	•	ļ ·
MINISTER A					Street Address (P.O. Box Number is Not Acceptable)							1
	MICHAEL A		<u></u>									┨
SUITE 800	REEZE BO	ULEVARU										
	, Beach Fl	32118	City						FL	Zip Cod	е	
										1		
8. The above	named entity	submits this statement for t	the purpose of changing its	register	ва описе от	register	ed agent, or both,	in the state of	riorda.			
SIGNATURE												
	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)		DATE			
							-				! !	: }
FILE NOW:			9. Election Campaign Financing Trust Fund Contribution.				May Be		ike Check Jepartmer	Payable to	•	ı
	FEE IS	\$61.25	Trust Fund Contribu		Added	d to Fees	L	epartmen	il di State	;	1	
10.		OFFICERS AND DIRE	CTORS	11.			ADDITIONS/CHAN	GES TO OFFI	CERS AND D	DIRECTORS IN	l 10	_ [
TITLE	D		☐ Delete	TITL	TITLE					☐ Change	☐ Addition	(10/00)
NAME	KUNDID, MICHAEL A ESQ.		NAM		E						15	
STREET ADDRESS	THE OBJECT DOOLESTING NO.		<i>30</i>		ET ADDRESS		r ·				F037	
CITY-ST-ZIP		BEACH FL 32118		CITY	-ST-ZIP			·· ·				1 2
TITLE	D		☐ Delete		TITLE					Change	Addition	5
NAME	REED, GAULDEN			NAM	eet address							
STREET ADDRESS CITY-ST-ZIP	1224 S. PENINSULA DRIVE #207 DAYTONA BEACH FL 32118				-ST-ZIP							
TITLE	D D		☐ Delete							☐ Change	Addition	1
NAME	RUTH BON FLEUR		NAM									
STREET ADDRESS	5750 SWEETWATER BOULEVARD			STRI	ET ADDRESS	i						
CITY-ST-ZIP	PORT OR	ANGE FL 32127		CITY	-ST-ZIP						<u> </u>	-
TITLE	D		Delete			\mathcal{Q}	nningham 23 d Sa ce Inl	Tum	• 5	☐ Change	Addition	
NAME	CARREY,				NAME C STREET ADDRESS 4		12 0 50	Fish	J Dr.			
STREET ADDRESS CITY-ST-ZIP	1	700 II. DEADIT OTTEET			-ST-ZIP	77	23 004	A E	7 2 2	127		1
	D	WOND DEAGHTE 32174		TITL		/ on	ce unc	<u> </u>	<u> </u>	☐ Change	Addition	1
TITLE NAME	GREINER,	GI FNN	☐ Delete		ie IE					0.10.190		
STREET ADDRESS					EET ADDRESS							ļ
CITY-ST-ZIP	l	AYTONA FL 32119		CITY	-ST-ZIP				1			
TITLE	D		☐ Delete	TITL	E				-	☐ Change	Addition	
NAME	PEMBROKE, WILLIAM G C.P.A.			NAM								
STREET ADDRESS		PORT ST. LUCIE BLVD.			EET ADDRESS '-ST-ZIP							
CITY-ST-ZIP PORT ST. LUCIE FL 34952						<u> </u>		Florida Ct-t-t-	ماخوروا م	artifu that the !	nformation	1
12 Ingrahur	aprior that the	o intormation cumplied with t	nie tillna ande not allality fot	THE EVE	CIP PONTON	ലവന്യ	acinon (194.076300) :	conna Siailife	s inconerci	ениу инастива	. 111.37 F 1184(1)(3) [

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(1), Florida Statutes. This fire from the 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 autics with an other like empowered.

SIGNATURE:

Greiner \$-5-01