2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90022 028 ****61.25

DOCUMENT # N01000001078

1. Entity Name

FLORIDA WILDFLOWER FOUNDATION, INC.

Principal Place of Business	Mailing Address
4205 RUTH DR. TALLAHASSEE FL 32303	4205 RUTH DR. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1126 Brandt Drive Suite, Apt. #, etc.	1126 Brandt Drive Suite, Apt. #, etc.
City & State: Tallahassee, Fl	City & State: Tallahassee, Fl
Zip: 32308 Country: Leon	Zip: 32308 Country: Leon

4. FEI Number: 267-94-0407 ☐ 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
WALPER, FRANK 4205 RUTH DR. TALLAHASSEE FL 32303	Name: Gary L. Henry Street Address (P.O. Box Number is Not Acceptable): 1126 Brandt Drive City: Tallahassee **FL** Zip Code: 32308

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: Gary L. Henry — Gary L. Henry — 1/22/2002
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 / STREET ADDRESS / CITY-ST-ZIP	D BRUMBERG, BENJAMIN DR 3900 COMMONWEALTH BLVD., MS 49 TALLAHASSEE FL 32399-3000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Rocky Randels 105 Polk Avenue Cape Canaveral, Fl 32920-0326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAYTON, W. CHARLES JR 611 WYMORE ST. WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Dr. Terril A. Nell P.O.Box 110670 Gainesville, Fl 32611-0670
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRYLIE, DAVID PO BOX 1330 CHRISTMAS FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Mrs. Carolyn Schaag 2332 Bay Circle Palm Beach Gardens, Fl 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, GARY ~~608 SUWANNEE ST., MS 37~~ X 1126 Brandt Drive TALLAHASSEE FL 32399-0450 Tallahassee, Fl 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Mr. Jeff Caster, L.A. 605 Suwannee Street, MS-37 Tallahassee, Florida 32399-0450
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKAY, ANNE 12050 E. HWY 25 OCKLAWAHA FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition David Willis 128 Dardanella Avenue Lake Placid, Florida 33852
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAC'KIE, PAMELA 3301 E. TAMIAMI TRAIL NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Gary L Henry 1126 Brandt Drive Tallahassee, Florida 32308

CR2E037 (9/01)

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 all other like empowered.

SIGNATURE: Gary L. Henry SIGNATURE REQUIRED — 1/22/2002 — (850) 877-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #