2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2003
Secretary of State

DOCUMENT# N01000001078

Entity Name: THE FLORIDA WILDFLOWER FOUNDATION, INC.

Current Principal Place of Business:

1126 BRANDT DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1126 BRANDT DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 26-7940407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY, GARY L
1126 BRANDT DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BRUMBERG, BENJAMIN DR	
Address:	3900 COMMONWEALTH BLVD., MS 49	
City-St-Zip:	TALLAHASSEE, FL 323993000	
Title:	D	( ) Delete
Name:	CLAYTON, W. CHARLES JR	
Address:	611 WYMORE ST.	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	DRYLIE, DAVID	
Address:	PO BOX 1330	
City-St-Zip:	CHRISTMAS, FL 32709	
Title:	D	( ) Delete
Name:	HENRY, GARY L	
Address:	1126 BRANDT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	MACKAY, ANNE	
Address:	12050 E. HWY 25	
City-St-Zip:	OCKLAWAHA, FL 32179	
Title:	D	( ) Delete
Name:	MAC'KIE, PAMELA	
Address:	3301 E. TAMIAMI TRAIL	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RANDELS, ROCKY	
Address:	105 POLK AVENUE	
City-St-Zip:	CAPE CANAVERAL, FL 32920	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. HENRY D 01/20/2003
Electronic Signature of Signing Officer or Director — Date

MR. DAVID WILLS, DIRECTOR
128 DARDANELLA AVENUE
LAKE PLACID, FLORIDA 33852

MR. JEFF CASTER, DIRECTOR
605 SUWANNEE STREET, MS-37
TALLAHASSEE, FLORIDA 32399-0450

MRS. CAROLYN SCHAAG, DIRECTOR
22125 DRAWBRIDGE DRIVE
LEESBURG, FLORIDA 34748

DR. TERRIL A NELL, DIRECTOR
P.O. BOX 110670
GAINESVILLE, FLORIDA 32611