

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90147 013 ****70.00

DOCUMENT # N01000004792

1. Entity Name

NATIVE ORCHID RESTORATION PROJECT, INC.



Principal Place of Business

**PMB 134 4888 DAVIS BLVD
NAPLES FL 34104**

Mailing Address

**PMB 134 4888 DAVIS BLVD
NAPLES FL 34104**

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 **59-3725513**

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

**HOFFMAN, LEE
4419 ROSEA COURT
NAPLES FL 34104**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HOFFMAN, LEE**
STREET ADDRESS **PMB 134**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **VPD** ☐ Delete
NAME **COFFEY, THOMAS G**
STREET ADDRESS **180 7TH AVENUE SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD** ☒ Delete
NAME **MIKESELL, SANDRA**
STREET ADDRESS **1070 31ST STREET SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **SD** ☒ Delete
NAME **DAVISON, EILEEN**
STREET ADDRESS **6170 SEA GRASS LANE**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Leininger, Sally**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Alden, Carolyn**
STREET ADDRESS **2575 Wild Pine Lane #917**
CITY-ST-ZIP **Naples FL 34112**

TITLE **Director** ☐ Change ☒ Addition
NAME **Bransilver, Connie**
STREET ADDRESS **40 Seagate Drive**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **Director** ☐ Change ☒ Addition
NAME **Buch, Jim**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Bayer, Mike**
STREET ADDRESS **375 Sanctuary Road West**
CITY-ST-ZIP **Naples FL 34120**

TITLE ☐ Change ☐ 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/19/03

239
417-4164

CR2E037 (10/02)

Attachment

70020588
1101000004792

**Native Orchid Restoration Project
2003 Officers and Directors**

President
Hoffman, Lee
4419 Rosea Court
Naples, FL 34104

Vice President
Coffey, Thomas G.
180 7th Avenue South
Naples, FL 34102

Secretary
Leininger, Sally
5065 Starfish Avenue
Naples, FL 34103

Treasurer,
Alden, Carolyn E.
2575 Wild Pines Lane #917
Naples, FL 34112

Director
Bransilver, Connie
60 Seagate Drive #406
Naples, FL 34103

Director
Burch, Jim
Big Cypress national Preserve
HCR 61, Box 110
Ochopee, FL 34141

Director
Bauer, Michael
375 Sanctuary Road West
Naples, FL 34120