

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90218 001 ****61.25

DOCUMENT # N01000007391

1. Entity Name

FLORIDA NATIVE PLANT SOCIETY-SERENOA CHAPTER, INC.



Principal Place of Business

**P O BOX 564
SARASOTA FL 34230**

Mailing Address

**P O BOX 564
SARASOTA FL 34230**

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 **65-1136163**

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

**MELTON, MARCY
4103 23 AVE W
BRADENTON FL 34205**

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

Marcy Melton

2/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HEITZMAN, TOM**
STREET ADDRESS **10824 ERIE ROAD**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **PD** ☒ Change ☐ Addition
NAME **KAREN A. FRALEY**
STREET ADDRESS **1815 PALMA SOLA BLVD**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VD** ☐ Delete
NAME **WEST, NANCY**
STREET ADDRESS **2714 8AVE W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MELTON, MARCY**
STREET ADDRESS **4103 23 AVE W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **FEAGLES, DAVE**
STREET ADDRESS **5324 POTTER STREET**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EGOLF, BOB**
STREET ADDRESS **852 ALDERWOOD WAY**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

Robert W. Egolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. EGOLF *2/4/03* *941-351-2961*

Date

Daytime Phone #

CR2E037 (10/02)