

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90072 040 ****61.25

DOCUMENT # N02000003270

1. Entity Name

FLORIDA KEYS BOTANICAL GARDENS, INC.



Principal Place of Business

**18455 SW 254 STREET
HOMESTEAD FL 33031**

Mailing Address

**18455 SW 254 STREET
HOMESTEAD FL 33031**

2. Principal Place of Business

18455 S.W. 264 Street

Suite, Apt. #, etc.

3. Mailing Address

18455 S.W. 264 Street

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Homestead, Florida

City & State

Homestead, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAAS, JOHN P ESQ.
44 NE 16 STREET
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

John C. DeMott

Street Address (P.O. Box Number is Not Acceptable)

18455 S.W. 264 Street

City

Homestead

FL

Zip Code
33031

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

John C. DeMott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/28/03

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 **D** ☐ Delete
NAME **DEMOTT, JOHN C**
STREET ADDRESS **18455 SW 254 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **D** ☐ Delete
NAME **CRAFT, PAUL**
STREET ADDRESS **18455 SW 254 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **D** ☐ Delete
NAME **DEMOTT, CAROLYN G**
STREET ADDRESS **18455 SW 254 STREET**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **18455 S.W. 264 Street**
CITY-ST-ZIP **Homestead, FL 33031**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18455 S.W. 264 Street**
CITY-ST-ZIP **Homestead, FL 33031**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18455 S.W. 264 Street**
CITY-ST-ZIP **Homestead, FL 33031**

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

John C. DeMott

07/28/03

305-248-5109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0076887