FILED

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

Sep 08, 2003 8:00 am Secretary of State DOCUMENT # N02000005112 1. Entity Name 09-08-2003 90137 002 ****70.00 BONSAI SOCIETY OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 2691 PO BOX 2691 FT MYERS FL 33902 FT MYERS FL 33902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip Country \$8,75 Additional 5.- Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HETRICK, HARRY Street Address (P.O. Box Number is Not Acceptable) 16796 CHURCH DR N FT MYERS FL 33917 Zip Code City 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 DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing 3, . . 3 \$5.00 May Be Make Check Payable to After September 10, 2003, min will be \$236.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. EUPOLD ROBERT TITLE ☐ Delete TITLE GOFF, MARTHA NAME NAME 1468-3 PARK SHORE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP GOFF, Martha Change Addition ☐ Delete TITLE LEOPOLD, ROBERT NAME 205 BAYSHORE DR STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 BODNER BECKY Change & 100 Andre Murbrive Fort Myers Beach FL. 33931 TITLE Delete TITLE THORNBURG, SANDY NAME NAME STREET ADDRESS 901 SE 33 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition TIT1 F ☐ Delete TITLE HETRICK, HARRY NAME NAME STREET ADDRESS 16796 CHURCH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N FT MYERS FL 33917 TITLE ☐ Change Addition TITLE ☐ Delete GORE, JUDITH NAME NAME STREET ADDRESS 1334 GASPARILLA DR STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition LUKE, CELESTINE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

661 ANCHOR DR

SANIBEL FL 33957

STREET ADDRESS

CITY-ST-ZIP