2/9/00-90383-005-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11240

FILED

00 APR -3 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

ALLIED ORCHID AND BROMELIAD EXHIBITORS, INC.

Principal Place of Business	Mailing Address
17711 130 AVE. N. JUPITER FL 33478	17711 130 AVE. N. JUPITER FL 33478-4606

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2798561 — Applied For / Not Applied

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
PRIESS, NANCY 17711 130 AVE. N. JUPITER FL 33478	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.

SIGNATURE Nancy E. Priess, Secretary — 1-31-00

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	PRESIDENT ☐ Change
NAME	KELLY, WARREN	NAME	KENNI JUDD
STREET ADDRESS	10885 SW 95TH ST.	STREET ADDRESS	18988 Juno Isles Blvd. D
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	North Palm Beach, Fla
TITLE	D ☒ Delete	TITLE	Vice President. ☐ Change
NAME	SHERWOOD, JOHN	NAME	Karen Kowaloski
STREET ADDRESS	9360 SW 32ND ST.	STREET ADDRESS	2017 NE 13th Ave D
CITY-ST-ZIP	OCALA FL 32676	CITY-ST-ZIP	Cape Coral, Fl 33909
TITLE	D ☐ Delete	TITLE	☐ Change
NAME	PRIESS, NANCY	NAME	
STREET ADDRESS	17711 130TH AVE. N. T	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Treasurer ☐ Change
NAME		NAME	Bob Cashen
STREET ADDRESS		STREET ADDRESS	1701 S.E. Cypress Park Lane T
CITY-ST-ZIP		CITY-ST-ZIP	Jupiter Fla. 33478
TITLE	☐ Delete	TITLE	Trustee ☐ Change
NAME		NAME	Bill Byrd
STREET ADDRESS		STREET ADDRESS	6302 Green Road T
CITY-ST-ZIP		CITY-ST-ZIP	Lakeland, Fla 33810
TITLE	☐ Delete	TITLE	Trustee ☐ Change
NAME		NAME	Bill Taylor
STREET ADDRESS		STREET ADDRESS	23201 N River Road T
CITY-ST-ZIP		CITY-ST-ZIP	Alva, Fla. 33920

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY E. PRIESS, Secretary — 1-31-2000 — (561) 747-9

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

KE