

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11240

1. Entity Name

ALLIED ORCHID AND BROMELIAD EXHIBITORS, INC.

Principal Place of Business

17711 130 AVE. N.  
JUPITER FL 33478

Mailing Address

17711 130 AVE. N.  
JUPITER FL 33478

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

59-2798561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JUDD, KENNI ☐ Delete  
STREET ADDRESS 18988 JUNO ISLES BLVD.  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE VPD  
NAME KOWALOSKI, KAREN ☐ Delete  
STREET ADDRESS 2017 NE 13TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE DT  
NAME PRIESS, NANCY ☐ Delete  
STREET ADDRESS 17711 130TH AVE. N.  
CITY-ST-ZIP JUPITER FL 33478

TITLE TT  
NAME CASHEN, BOB ☒ Delete  
STREET ADDRESS 1701 S.E. CYPRESS PARK LANE  
CITY-ST-ZIP JUPITER FL 33478

TITLE T  
NAME BYRD, BILL ☐ Delete  
STREET ADDRESS 6302 GREEN ROAD  
CITY-ST-ZIP LAKELAND FL 33810

TITLE T  
NAME TAYLOR, BILL ☐ Delete  
STREET ADDRESS 23201 N RIVER ROAD  
CITY-ST-ZIP ALVA FL 33920

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-01 561-744-1124  
Date Daytime Phone #

FILED  
Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90018 009 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)