

FILED

Sep 04, 2002 8:00 am
Secretary of State

05-06-2002 90271 041 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N11240**

1. Entity Name

ALLIED ORCHID AND BROMELIAD EXHIBITORS, INC.

Principal Place of Business

Mailing Address

17711 130 AVE. N.
JUPITER FL 3347817711 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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy Priess*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *7-8-02*After September 13, 2002,
min. will be \$236.25:9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDD, KENNI 18988 JUNO ISLES BLVD. NORTH PALM BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KOWALOSKI, KAREN 2017 NE 13th Ave Cape Coral, Fla. 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOWALOSKI, KAREN 2017 NE 13TH AVE CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JUDD, KENNI 18988 JUNO ISLES BLVD NORTH PALM BEACH, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRIESS, NANCY 17711 130TH AVE. N. JUPITER FL 33478	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRD, BILL 6302 GREEN ROAD LAKELAND FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB CASHEN 1701 S.E. CYPRESS PARK LANE Jupiter, Fla. 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, BILL 23201 N RIVER ROAD ALVA FL 33920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William L Hill 4745 61st Ct. VERO BEACH, Fla 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7-8-02 (56) 747-9705

Date

Daytime Phone #

CR2E037 (4/02)

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

DOCUMENT # **N11240**

1. Entity Name

Allied Orchid & Bromeliad Exhibitors, Inc.

870786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17711 130 Ave N

3. Mailing Address

17711 130 Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

Applied For

Not Applicable

Zip

33478

Country

Zip

33478

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Priess, Nancy

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

17711 130 Ave N

City

Jupiter

FL

Zip Code

33478

DO NOT WRITE IN THIS SPACE

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

FEE IS \$61.25

Initial or Amended UBR

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	P/D
NAME	Kowaleski, Karen
STREET ADDRESS	2017 N 31st Ave
CITY-ST-ZIP	Cape Coral FL 33909
TITLE	VP/D
NAME	Judd, Kenni
STREET ADDRESS	15703 69th Dr N
CITY-ST-ZIP	Palmdale FL 33418
TITLE	P/D
NAME	Priess, Nancy
STREET ADDRESS	17711 130 Ave N
CITY-ST-ZIP	Jupiter FL 33478
TITLE	P
NAME	Cashen, Robert
STREET ADDRESS	1761 SE Cypress Pk
CITY-ST-ZIP	Jupiter FL 33478
TITLE	P
NAME	Hill, William
STREET ADDRESS	4745 61st Ct
CITY-ST-ZIP	Vero Bch FL 32967
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/D
NAME	Karen Kowaleski
STREET ADDRESS	2017 NE
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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SIGNATURE:

K. F. Judd

8-28-02

561 748 1296