

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90007 003 ****61.25

DOCUMENT # N27698

1. Entity Name

CORAL GABLES ORCHID SOCIETY, INC.

Principal Place of Business

Mailing Address

P O BOX 56-0092
 MIAMI FL 33256-7092

P O BOX 56-0092
 MIAMI FL 33256-0092

C0044348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0047759

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVANS, LINDA
7982 SW 186TH ST
MIAMI FL 33157

Name **MICHAEL G. O'DEA**

Street Address (P.O. Box Number is Not Acceptable)
7960 SW 135TH STREET

City **PINECREST** FL Zip Code **33156**

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 *Michael G. O'Dea*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/06/2000
 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	S	<input type="checkbox"/> Delete
NAME	BUTTON, EDNA	
STREET ADDRESS	30975 SW 214TH AVE	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, LINDA	
STREET ADDRESS	7982 SW 186TH ST	
CITY - ST - ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, WILLIAM C	
STREET ADDRESS	1110 NE 91ST ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGFORD, GALE W	
STREET ADDRESS	19521 WEST LAKE DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EBER, BETTY	
STREET ADDRESS	4975 SW 82ND STREET	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, HERB	
STREET ADDRESS	8400 SW 174TH ST	
CITY - ST - ZIP	MIAMI FL 33157	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL G. O'DEA	
STREET ADDRESS	7960 SW 135TH STREET	
CITY - ST - ZIP	PINECREST, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Michael G. O'Dea* **MICHAEL G. O'DEA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2000 **305-253-4907**
 Date Daytime Phone #

CR2F037 (9/99)