

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000821

1. Entity Name

FLORIDA STATE HORTICULTURAL SOCIETY, INC.

Principal Place of Business

1025 S SEMORAN BLVD.
SUITE 1093
WINTER PARK FL 32792
US

Mailing Address

P. O. BOX 2247
GOLDENROD FL 32733-2247
US

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

59-3175758

Applied For

Not Applicable

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

MURPHY, KATHY S
1095 S SEMORAN BLVD
STE 1093
WINTER PARK FL 32792

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARTSOLF, J. DAVID
2121 FIFIELD HALL
GAINESVILLE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BEASLEY, LARRY
PO BOX 620257
OVEIDO FL 32762-0257

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TODD, NORMAN
P.O. BOX 88 N/A
LABELLE FL 33975

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
STEWART, MICHAEL
1401 10 AVE
SEBRING FL 33872

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
CHILDERS, NORMAN F.,
2115 FIFIELD HALL, UP
GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ACD
BURNS, JAQUELINE
700 EXPERIMENT STATION RD.
LAKE ALFRED FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Locascio, S.J.
P.O. Box 110690
Gainesville, FL 32611-0690

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Buchanan, D.W.
109 S. Star Lake Dr.
Hawthorne, FL 32640

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Waters, W.E.
5007 60 St. E.
Bradenton, FL 34209

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Norman Todd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Todd

16 March 2000 863-675-7382

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90092 041 ****61.25



DO NOT WRITE IN THIS SPACE