

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000821

1. Entity Name

FLORIDA STATE HORTICULTURAL SOCIETY, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90032 011 ****61.25

002284

Principal Place of Business
1025 S SEMORAN BLVD.
SUITE 1093
WINTER PARK FL 32792
US

Mailing Address
P. O. BOX 2247
GOLDENROD FL 32733
US

2. Principal Place of Business

One Parkview Pl
Suite 122

3. Mailing Address

Suite, Apt. #, etc.

City & State
Winter Park FL

City & State

Zip 32792

Country USA

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

Name

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

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

One Parkview Pl Suite 122

City

Winter Park

FL

Zip Code 32792

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

Kathy S. Murphy

4/11/01

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 LOCASCIO, S.J. PO BOX 110690 GAINESVILLE FL 32611	<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	CD BUCHANAN, DW 109 S STAR LAKE DR HAWTHORNE FL 32640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TODD, NORMAN P.O. BOX 88 N/A LABELLE FL 33975	<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	PD WATERS, WE 5007 60 ST E BRADENTON FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CHILDESS, NORMAN F., 2115 FIFIELD HALL, UP GAINESVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACD BURNS, JAQUELINE 700 EXPERIMENT STATION RD. LAKE ALFRED FL	<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: *Norman S. Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 (407) 673-7695

Date Daytime Phone #

CR2E037 (10/00)