

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90171 045 ****61.25

DOCUMENT # N92000000821

1. Entity Name

FLORIDA STATE HORTICULTURAL SOCIETY, INC.

Principal Place of Business

Mailing Address

**ONE PURLIEU PL STE 122
 WINTER PARK FL 32792
 US**

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

B0077306



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

59-3175758

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

**MURPHY, KATHY S
 ONE PURLIEU PL STE 122
 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 **SD** ☐ Delete
 NAME **LOCASCIO, S.J.**
 STREET ADDRESS **PO BOX 110690**
 CITY-ST-ZIP **GAINESVILLE FL 32611**

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

TITLE **PD** ☐ Delete
 NAME **DAVIES, FREDERICK S**
 STREET ADDRESS **PO BOX 110690**
 CITY-ST-ZIP **GAINESVILLE FL 32611-0690**

TITLE **CD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE **CD** ☒ Delete
 NAME **WATERS, WE**
 STREET ADDRESS **5007 60 ST E**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Castle, Williams**
 STREET ADDRESS **700 Experiment Station Rd.**
 CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE **ED** ☒ Delete
 NAME **FITZPATRICK, GEORGE**
 STREET ADDRESS **3205 COLLEGE AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE **ED** ☐ Change ☒ Addition
 NAME **Brecht, Jeffrey K.**
 STREET ADDRESS **P.O. Box 110690**
 CITY-ST-ZIP **Gainesville, FL 32611**

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

TITLE **ACD** ☐ Change ☒ Addition
 NAME **Sargent, Steven A.**
 STREET ADDRESS **P.O. Box 110690**
 CITY-ST-ZIP **Gainesville, FL 32611**

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

Date

Daytime Phone #

CR2E037 (9/01)