

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90125 031 ****70.00

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1. Entity Name

**THE PINELLAS CHAPTER OF THE FLORIDA NATIVE PLANT
SOCIETY, INC.**



Principal Place of Business

**12501 INDIAN ROCKS ROAD
LARGO FL 33774
US**

Mailing Address

**P.O. BOX 1661
PINELLAS PARK FL 33780-1661
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 **59-3165769**

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

**TURLEY, BRUCE
12501 INDIAN ROCKS ROAD
LARGO FL 33774**

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

Bruce Turley

(No change)

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

(NOTE: Registered Agent signature required when registering)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURLEY, BRUCE 2401 S SHORE DR SE SAINT PETERSBURG FL 33705-3330	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURHAM, KATHERINE L 635 - 28TH AVENUE NORTH SAINT PETERSBURG FL 33704	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, KATHERINE 166 - 11TH AVENUE NORTH SAFETY HARBOR FL 34695-3473	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINDIAGAN, CATHERINE 285 - 3RD STREET WEST TIERRA VERDE FL 33715-1718	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILCOX, ALEXA 9900 - 133RD STREET NORTH SEMINOLE FL 33776	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD-A CHAYET, DEBORAH 1458 BLANTON LANE CLEARWATER FL 33756	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alexa Yates Wilcox 9900 133rd St. N. Seminole, FL 33776	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cindy Peacock 12175 125th St. N. Largo, FL 33774-3695	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Martha Jane Williams 217 N. Hillcrest Clearwater, FL 33755	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marie Hughes 4026 30th Ave. N. St. Pete, FL 33713-2242	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Deborah Chayet 1458 Blanton Lane Clearwater, FL 33756	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD-A Katy Roberts 166 11th Ave. N. Safety Harbor FL 33704	☐ 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:

Alexa Yates Wilcox **REQUIRED**

727/595-4714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)