

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001641

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL TH

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90176 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5915 LORRAINE ROAD  
BRADENTON FL 34202  
US

5915 LORRAINE ROAD  
BRADENTON FL 34202-9272  
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

65-0435608

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

MATTHES, JOHN E.  
1922 BRANCHWATER TRAIL  
ORLANDO FL 32811

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 P ☐ Delete  
NAME KELLY, SHEILA  
STREET ADDRESS 2146 PRAIRIE AVE.  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☐ Change ☒ Addition  
NAME ELAN MIAVITZ-BROWN  
STREET ADDRESS 3830 17th Ave. SW  
CITY-ST-ZIP NAPLES, FL 34117

TITLE VP ☒ Delete  
NAME BRUTUS, JAN  
STREET ADDRESS 2807 CLYDE ROAD  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE S ☐ Change ☒ Addition  
NAME EMILY DAVIS  
STREET ADDRESS P.O. Box 190958  
CITY-ST-ZIP MIAMI BEACH, FL 33119-0958

TITLE T ☐ Delete  
NAME MORRIS, JUDITH  
STREET ADDRESS 5915 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON FL 34202

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

TITLE D ☐ Delete  
NAME MATTHES, JOHN E  
STREET ADDRESS 1922 BRANCHWATER TRAIL  
CITY-ST-ZIP ORLANDO FL 32811

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

TITLE D ☒ Delete  
NAME KARP, ALEE  
STREET ADDRESS 9857 SW 117 CT  
CITY-ST-ZIP MIAMI FL 33186

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

TITLE D ☐ Delete  
NAME BRUCE, HANK  
STREET ADDRESS 30548 ST. ANDREWS BLVD.  
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ Change ☐ 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:

JUDITH MORRIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

941 746 8186  
Date Daytime Phone #

CR2E037 (9/99)