

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90027 042 ****61.25

DOCUMENT # N93000001641

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN HORTICULTURAL THERAPY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3303 S LOCKWOOD RIDGE RD
 SARASOTA FL 34239
 US

3303 S LOCKWOOD RIDGE RD
 SARASOTA FL 34239
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0435608

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

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

TITLE **T** ☐ Delete
 NAME **PORCHEY, PATRICIA**
 STREET ADDRESS **3803 S LOCKWOOD RIDGE RD**
 CITY-ST-ZIP **SARASOTA FL 34239**

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

TITLE **P** ☐ Delete
 NAME **BELLCE, HANK**
 STREET ADDRESS **30548 ST ANDREWS BV**
 CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **D** ☒ Change ☐ Addition
 NAME **BRUCE, HANK**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
 NAME **ZITO, ANN**
 STREET ADDRESS **540 W. WINTER PARK ST.**
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **S** ☐ Delete
 NAME **DAVIS, EMILY**
 STREET ADDRESS **PO BOX 190958**
 CITY-ST-ZIP **MIAMI BEACH FL 33119-0958**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **MAVITZ, ELAN**
 STREET ADDRESS **3631 14th Ave. SW.**
 CITY-ST-ZIP **NAPLES, FL 34117**

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: *Patricia Porchey* **PATRICIA PORCHEY** 8/12/02 941-927-1428

CR2E037 (4/02)