2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED DOCUMENT # N93000004387 Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** THE HERB SOCIETY OF AMERICA, TAMPA BAY UNIT, INC 03-17-2000 90076 021 ****61.25 Principal Place of Business Mailing Address 3909 N STANLEY RD 3909 N STANLEY RD PLANT CITY FL 33565-4871 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address 12 Bon 17 MONITA "Ive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Gity & State Applied For 4. FEI Number City & State 59-3233063 Not Applicable MAUMA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 14m501 the Street Address (P.O. Box Number is Not Acceptable) DAVIS, ELAINE M 3909 N STANLEY RD PLANT CITY FL 33565 FL 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition ☐ Delete TITLE TITLE DILLIAMSON NAME DARLENG NAME CLEMENTS, LORETTA STREET ADDRESS STREET ADDRESS **405 DESIREE DRIVE** \mathcal{B} o ω 12 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** Addition Delete TITLE TITLE NAME NAME KERSH, CAROLE STREET ADORESS STREET ADDRESS 611 CHILT DR CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Change Addition Delete TITLE TITLE D DAVIS, ELAINE M NAME NAME STREET ADDRESS STREET ADDRESS 3909 N STANLEY RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL Addition ☐ Change Delete TITLE TITLE PD NAME NAME KROMER, PAM STREET ADDRESS STREET ADDRESS **401 LAKEWOOD AVE** CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** Change ☐ Addition ☐ Delete TITLE TITLE NAME NORES, DON STREET ADDRESS STREET ADDRESS 4307 KENSINGTON CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33629 Change Addition TITLE ☐ Delete TITLE NAME NAME BLOOM, JAN STREET ADDRESS STREET ADDRESS 14016 LAKE BLUFFET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 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