

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91323 007 ****61.25

DOCUMENT # N94000000581

1. Entity Name

FLORIDA WEED SCIENCE SOCIETY, INC.

Principal Place of Business

CITRUS RESEARCH & EDU. CENTER
700 EXPT. STATION ROAD
LAKELAND FL 33850

Mailing Address

CITRUS RESEARCH & EDU. CENTER
700 EXPT. STATION ROAD
LAKELAND FL 33850

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

59-3224781

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

SINGH, MEGH
CITRUS RESEARCH & EDU. CENTER
700 EXPT. STATION ROAD
LAKELAND FL 33850

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 DUSKY, JOAN A
STREET ADDRESS 2049 POLO GARDEN DR., #304
CITY-ST-ZIP WELLINGTON FL 33414

TITLE John Altom, President ☒ Change ☒ Addition
NAME 3700 N.W. 91 Street
STREET ADDRESS Gainesville, FL 32606
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MEGH, SINGH
STREET ADDRESS 700 EXPERIMENT STATION ROAD
CITY-ST-ZIP LAKE ALFRED FL 33850

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

TITLE D ☒ Delete
NAME BRECKE, BARBY
STREET ADDRESS 4253 EXPERIMENT DRIVE
CITY-ST-ZIP JAY FL 32565

TITLE Director ☒ Change ☐ Addition
NAME Joe Mitchell
STREET ADDRESS 10016 Colandrea Drive
CITY-ST-ZIP Tampa, FL 33647

TITLE D ☐ Delete
NAME JOHNSON, ROBERT
STREET ADDRESS 33340 WESLEY ROAD
CITY-ST-ZIP EUSTIS FL 32736

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

TITLE D ☒ Delete
NAME ALTOM, JOHN
STREET ADDRESS 3700 NW 91 STREET
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE Director ☐ Change ☐ Addition
NAME Jan Weinbrecht
STREET ADDRESS 15320 S.W. 75th Street
CITY-ST-ZIP AUSTIN, FL 32618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☐ Addition
NAME Joyce Treadway
STREET ADDRESS 4000 NW. 51 Street
CITY-ST-ZIP Gainesville, FL 32606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2001

Date

Daytime Phone #

CR2E037 (10/00)