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

FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90141 031 ****70.00

DOCUMENT # N94000000581

1. Entity Name
FLORIDA WEED SCIENCE SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 110680 PLANT PATHOLOGY. IFAS. UF GAINESVILLE FL 32611-0680	P.O. BOX 110680 PLANT PATHOLOGY. IFAS. UF GAINESVILLE FL 32611-0680

☐ CHECK HERE IF MAKING CHANGES

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
CHARUDATTAN, RAGHAVAN P.O. BOX 110680, 1453 FIFIELD HALL HUB RDPLANT PATHOLOGY DEPT. , IFAS, UF GAINESVILLE FL 32611-0680	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

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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	P GIDEON, ANNE BAYER CORP., 5690 58TH AVE VERO BEACH FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MACDONALD, GREG P.O. Box 110500, IFAS, UNIV. FLORIDA Gainesville, FL 32611-0500	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST V CHARUDATTAN, RAGHVAN P.O.BOX 110680, IFAS, UNIV, FLORIDA GAINESVILLE FL 32611-0680	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARUDATTAN, RAGHAVAN	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, CARLENE P.O.BOX 110690,IFAS,UNIV.FLORIDA GAINESVILLE FL 32611-0690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACDONALD, GREG P.O.BOX 110500, IFAS, UNIV, FLORIDA GAINESVILLE FL 32611-0500	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLS, ERIK 7145 58th AVE Vero Beach, FL 32967	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, CLAIR BOX 7 4602 CEMETERY RD. TANGERINE FL 32777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREADWAY, JOYCE D P.O.BOX110500,IFAS,UNIV.FLORIDA GAINESVILLE FL 32611-0500	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, ANDREW 3700 East Palm Beach Rd. Belle Glade, FL 33430	☒ Change ☐ Addition

CR2E037 (4/03)

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 REQUIRED R. CHARUDATTAN 7/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone 352-392-3831 x305