

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

0003457

DOCUMENT # N94000003558

1. Entity Name

THE HORTICULTURE SOCIETY OF SOUTH FLORIDA, INC.

05-29-2001 90008 001 ****61.25

Principal Place of Business

**464 FERN STREET
 WEST PALM BEACH FL 33401
 US**

Mailing Address

**464 FERN STREET
 WEST PALM BEACH FL 33401
 US**

660750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0511526

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

**BALLINGER, WYNNE
 464 FERN STREET
 WEST PALM BEACH FL 33401**

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.

(NOT: 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 **D** ☐ Delete
 NAME **GRACE, JANE R**
 STREET ADDRESS **126 SEAGRAPE CIRCLE**
 CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **D** ☒ Delete
 NAME **CCHATHAM, ANNE**
 STREET ADDRESS **42 GOMEZ ROAD**
 CITY-ST-ZIP **HOB SOUND FL**

TITLE **D** ☐ Delete
 NAME **ALBRECHT, JOHN JR**
 STREET ADDRESS **3299 PALM HARBOUR DR**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **ED** ☒ Delete
 NAME **SCHWAB, TOWNSLEY**
 STREET ADDRESS **464 FERN ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DV** ☐ Delete
 NAME **PANNILL, WILLIAM G**
 STREET ADDRESS **4 S LAKE TRAIL**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DS** ☐ Delete
 NAME **HUNTER, FRANCES**
 STREET ADDRESS **201 PORTER ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **ED** ☐ Change ☒ Addition
 NAME **David Murbach**
 STREET ADDRESS **464 Fern St.**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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

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

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

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

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:

SIGNATURE David Murbach

5/25/01 561-655-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)