

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

0035056

DOCUMENT # N94000003558

1. Entity Name

THE HORTICULTURE SOCIETY OF SOUTH FLORIDA, INC.



04-24-2003 90192 016 ****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**

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 **65-0511526**

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

**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. 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

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 **D** ☐ Delete
NAME **GRACE, JANE R**
STREET ADDRESS **126 SEAGRAPE CIRCLE**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **ED** ☐ Delete
NAME **MURBACH, DAVID**
STREET ADDRESS **464 FERN ST.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Barry Hoyt**
STREET ADDRESS **133 Banyan Rd.**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Director** ☐ Change ☒ Addition
NAME **Marilyn Gardes**
STREET ADDRESS **196 Banyan Rd.**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Director** ☐ Change ☒ Addition
NAME **Curtis Lyman**
STREET ADDRESS **39 Via del Corson**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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 REQUIRED

CR2E037 (10/02)