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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State
08-26-2002 90069 040 ****70.00

DOCUMENT # N94000005760

1. Entity Name

LOXAHATCHEE AREA NURSERYMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3730 161ST TERRACE NORTH~~ 2141 C Rd. ~~LOXAHATCHEE FL 33470~~ Lox. Florida 33470	P O BOX 1226 LOXAHATCHEE FL 33470

42319

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 1226	P.O. Box 1226
~~Suite, Apt. #, etc.~~ also 2141 C Rd.	Suite, Apt. #, etc.
City & State: Loxahatchee Fl.	City & State: Loxahatchee Fl.
Zip: 33470 Country: U.S.	Zip: 33470 Country: U.S

4. FEI Number 65-0548016 ☐ 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
SELF, DAVE 3730 161ST TERRACE LOXAHATCHEE FL 33470	Name: Joey Quinn D Street Address (P.O. Box Number is Not Acceptable): 2141 C Road City: Loxahatchee FL Zip Code: 33470

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 _____ 8-5-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SELF, DAVE 3730 161 TERR. NORTH LOXAHATCHEE FL 33470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MARK FRIEDRICH 12839 25TH ST N LOXAHATCHEE FL 33470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BYAN, ELISE RYAN, Elise 3548 A RD LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Elise Ryan 3548 A Rd. D Lox. Fl. 33470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Brenda J. Jordan 2659 West G Road Loxahatchee, Fl. 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition Treasurer Brenda J. Jordan 2659 west G Rd. D Lox. Fl. 33470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joey Quinn 2141 C Road Loxahatchee, Fl. 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition President Joey Quinn 2141 C Rd. D Lox. Fl. 33470
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: Brenda J. Jordan (Treasurer) 8/2/02 561-795-1734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #