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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

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[redacted]

DO NOT WRITE IN THIS SPACE

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

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

SELF, DAVE
3730 161ST TERRACE
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

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: [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	DP ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	SELF, DAVE	NAME	
STREET ADDRESS	3730 161 TERR. NORTH	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	DT ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK FRIEDRICH	NAME	
STREET ADDRESS	12839 25TH ST N	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	~~BYAN, ELISE~~ RYAN, Elise	NAME	Elise Ryan
STREET ADDRESS	3548 A RD	STREET ADDRESS	3548 A Rd. D
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	Lox. Fl. 33470
TITLE	Treasurer ☐ Delete	TITLE	Treasurer ☑ Change ☑ Addition
NAME	Brenda J. Jordan →	NAME	Brenda J. Jordan
STREET ADDRESS	2659 West G Road	STREET ADDRESS	2659 West G Rd. D
CITY-ST-ZIP	Loxahatchee, Fl. 33470	CITY-ST-ZIP	Lox. Fl. 33470
TITLE	President ☐ Delete	TITLE	President ☑ Change ☑ Addition
NAME	Joey Quinn →	NAME	Joey Quinn
STREET ADDRESS	2141 C Road	STREET ADDRESS	2141 C Rd. D
CITY-ST-ZIP	Loxahatchee, Fl. 33470	CITY-ST-ZIP	Lox. Fl. 33470
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #