

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

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90050 042 ****61.25

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1. Entity Name

LOXAHATCHEE AREA NURSERYMEN'S ASSOCIATION, INC.



Principal Place of Business

PO BOX 1226
2141 C RD
LOXAHATCHEE FL 33470

Mailing Address

PO BOX 1226
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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

QUINN, JOEY D
2141 C ROAD
LOXAHATCHEE FL 33470

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	D	<input type="checkbox"/> Delete
NAME	RYAN, ELISE	
STREET ADDRESS	3548 A RD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, BRENDA J	
STREET ADDRESS	2659 WEST G RD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINN, JOEY	
STREET ADDRESS	2141 C RD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cindy Corum	
STREET ADDRESS	2452 C Road	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

8/4/03 561.602.4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)