

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000235

1. Entity Name

THE FLORIDA STATE FLORIST FOUNDATION, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90044 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

329 PARK AVENUE SOUTH  
WINTER PARK FL 32789

717 31ST STREET  
ORLANDO FL 32805-7103

2. Principal Place of Business

1751 N. Park Ave.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

4. FEI Number

59-3309675

Applied For

Not Applicable

Zip 32750

Country

Orange

Zip

32751

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

F & L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32201

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

(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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MARTIN, ANN  
STREET ADDRESS 1751 NORTH PARK AVENUE  
CITY-ST-ZIP MAITLAND FL 32750

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

TITLE VPD ☐ Delete  
NAME NEAL, JAMES  
STREET ADDRESS 399 N. LIME AVENUE  
CITY-ST-ZIP SARASOTA FL 34237

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

TITLE SD ☐ Delete  
NAME PLATT, ROBERTA  
STREET ADDRESS 506 9TH STREET N.  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE T ☐ Delete  
NAME GARRISON, CHARLITTE  
STREET ADDRESS 2116 SOUTH CRYSTAL LAKE DRIVE  
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE D ☐ Delete  
NAME WHEELER, BILL  
STREET ADDRESS 1110 W. FAIRBANKS  
CITY-ST-ZIP WINTER HAVEN FL 32789

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

TITLE D ☐ Delete  
NAME HARDY, WILTON  
STREET ADDRESS 457 NORTHWOOD ROAD  
CITY-ST-ZIP W. PALM BEACH FL 33407

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: *X SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)