

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

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90059 026 \*\*\*\*\*61.25

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DOCUMENT # N95000000235

1. Entity Name

THE FLORIDA STATE FLORIST FOUNDATION, INC.



Principal Place of Business

1751 N PARK AVE  
MAITLAND FL 32750

Mailing Address

1751 N PARK AVE  
MAITLAND FL 32750

2. Principal Place of Business

State of Florida

3. Mailing Address

1012 CATHY Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARTIN, ANN

1751 N PARK AVENUE  
MAITLAND FL 32751

1012 CATHY Drive  
ALTAMONTE SPRINGS  
FL 32714

7. Name and Address of New Registered Agent

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

Ann S. Martin

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

TITLE P  
NAME GARRISON, CHARLOTTE  
STREET ADDRESS 2416 SOUTH CRYSTAL LAKE DRIVE  
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

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

TITLE S  
NAME THOMPSON, KIT  
STREET ADDRESS 209 E COMMERCIAL ST  
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

TITLE T  
NAME MARTIN, ANN  
STREET ADDRESS 1751 N PARK AVENUE  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE R  
NAME Russ Bailey  
STREET ADDRESS P.O. Box 1030  
CITY-ST-ZIP Santa Rosa Beach, FL 32459-1030 ☒ Change ☐ Addition

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

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

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

TITLE GARY SNOW  
NAME  
STREET ADDRESS 256 24 Ave  
CITY-ST-ZIP Vero Beach, FL 32962 ☒ Change ☐ Addition

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

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:

Ann S. Martin

May 11 - 2003

CR2637 (10/02)