

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006322

1. Entity Name

THE PINK FLAMINGO ORCHID SOCIETY, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90018 022 \*\*\*\*61.25

Principal Place of Business  
3750 FLAMINGO ROAD  
DAVIE FL 33330

Mailing Address  
3750 FLAMINGO ROAD  
DAVIE FL 33330-1614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0766812

Applied For

Not Applicable

Zip

Country

Zip

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

HAYS, RICHARD J  
7200 W. COMMERCIAL BLVD.  
SUITE 207  
LAUDERHILL FL 33319

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 P ☐ Delete  
NAME WISE, ALEKSA ALEKSA  
STREET ADDRESS 2840 N.W. 106 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T-SARITA JENNINGS ☐ Change ☒ Addition  
NAME 13560 SW 29th ST.  
STREET ADDRESS DAVIE, FL. 33330  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME MANIATIS, NICHOLAS  
STREET ADDRESS 2061 S.W. 136 AVE.  
CITY-ST-ZIP DAVIE FL 3325-118

TITLE VP, NEIL LOCHER ☒ Change ☐ Addition  
NAME 1126 N. FED HWY (#127)  
STREET ADDRESS FT. LAUDERDALE, FL. 33316  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME NEIRO, HOPE NEIRO  
STREET ADDRESS 312 WINDMILL PALK DRIVE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE T-KAREN BARTEL ☐ Change ☒ Addition  
NAME 15231 WILSHIRE CIR. S.  
STREET ADDRESS PEMBROKE PINES, FL. 33027  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME PHILLIPS, JOSEPH  
STREET ADDRESS 2061 SW 136 AVENUE  
CITY-ST-ZIP DAVIE FL 33325

TITLE ANN KLEIN - T ☐ Change ☒ Addition  
NAME 1601 SW 149 AVENUE  
STREET ADDRESS PEMBROKE PINES, FL. 33027  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME TROWBRIDGE, CHARLES  
STREET ADDRESS 146 91 SW 21 ST.  
CITY-ST-ZIP DAVIE FL 3325

TITLE T-ROSEMARIE HUFFORD ☐ Change ☒ Addition  
NAME 1604 SW 149 AVENUE  
STREET ADDRESS PEMBROKE PINES, FL. 33027  
CITY-ST-ZIP

TITLE RS-LINDA TROWBRIDGE ☐ Delete  
NAME AS ABOVE  
STREET ADDRESS  
CITY-ST-ZIP

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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 753-2451

CR2E037 (9/99)