

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90152 038 ****61.25

DOCUMENT # N96000006322

1. Entity Name

THE PINK FLAMINGO ORCHID SOCIETY, INC.

Principal Place of Business

**3750 FLAMINGO ROAD
 DAVIE FL 33330**

Mailing Address

**3750 FLAMINGO ROAD
 DAVIE FL 33330**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0766812

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

**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 HAYS RICHARD J.

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 **WISE, ALEXAN ALEXSA**
 STREET ADDRESS **2840 N.W. 106 DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE TD ☐ Change ☐ Addition
 NAME **ROSEMARIE HUFFORD**
 STREET ADDRESS **1604 SW 149 AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE TD ☒ Delete
 NAME **NEKIRO, HOPE**
 STREET ADDRESS **312 WINDMILL PALK DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE TD ☐ Change ☐ Addition
 NAME **ANN KLEIN**
 STREET ADDRESS **1601 SW 149 AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE TD ☐ Delete
 NAME **TROWBRIDGE, CHARLES**
 STREET ADDRESS **146 91 SW 21 ST.**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE TD ☐ Change ☒ Addition
 NAME **SKINNER, JANET**
 STREET ADDRESS **11080 REDWOODS AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE TREASURER ☐ Delete
 NAME **JOHN McGRATH**
 STREET ADDRESS **5210 SW 89th AVE**
 CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE TD ☐ Change ☒ Addition
 NAME **GAIL TILLMAN**
 STREET ADDRESS **17120 SW 66 CT.**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33331**

TITLE VICE-PD ☐ Delete
 NAME **SARITA JENNINGS**
 STREET ADDRESS **13560 S.W. 2nd St.**
 CITY-ST-ZIP **DAVIE, FL 33330**

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

TITLE REC. SECRETARY ☐ Delete
 NAME **LINDA TROWBRIDGE**
 STREET ADDRESS **146 91 SW 21st**
 CITY-ST-ZIP **DAVIE, FL 33325**

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

4/26/01

(954) 753-2451

Date

Daytime Phone #

CR2E037 (10/00)