

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90070 028 \*\*\*\*61.25

**DOCUMENT # N96000006322**

1. Entity Name

**THE PINK FLAMINGO ORCHID SOCIETY, INC.**

Principal Place of Business

2840 NORTHWEST 106TH DR.  
 CORAL SPRINGS FL 33065-3734

Mailing Address

2840 NORTHWEST 106TH DR.  
 CORAL SPRINGS FL 33065-3734

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

**RICHARD J. HAYS**

Street Address (P.O. Box Number is Not Acceptable)

**4273 N. PINE ISLAND ROAD**

City

**SUNRISE, FL.**

**FL**

Zip Code

**33351**

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

TITLE TD ☐ Change ☒ Addition  
 NAME CYNTHIA WHITE  
 STREET ADDRESS 1617 SW 149th AVENUE  
 CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE TD ☒ Delete  
 NAME KLEIN, ANN  
 STREET ADDRESS 1601 SW 149 AVENUE  
 CITY-ST-ZIP PEMBROKE PINES FL

TITLE TD ☐ Change ☒ Addition  
 NAME NINA COGHLIN  
 STREET ADDRESS 19311 N.W. 8th PLACE  
 CITY-ST-ZIP PEMBROKE PINES, FL 33029

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

TITLE TD ☐ Change ☒ Addition  
 NAME ANNE McGRATH  
 STREET ADDRESS 5270 SW 87th AVENUE  
 CITY-ST-ZIP COOPER CITY, FL 33328

TITLE T ☐ Delete  
 NAME McGRATH, JOHN  
 STREET ADDRESS 5270 SW 89TH AVE  
 CITY-ST-ZIP COOPER CITY FL 33328

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

TITLE VPD ☒ Delete  
 NAME JENNINGS, SARITA  
 STREET ADDRESS 13560 SW 29TH STREET  
 CITY-ST-ZIP DAVIE FL 33330

TITLE VPD ☐ Change ☒ Addition  
 NAME JANET SKINNER  
 STREET ADDRESS 11080 REDWOOD AVENUE  
 CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE RS ☐ Delete  
 NAME THROWBRIDGE, LINDA  
 STREET ADDRESS 14691 SW 21 STREET  
 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

954 753-2451

Date

Daytime Phone #

CR2E037 (9/01)