

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90105 011 ****61.25

DOCUMENT # N97000001935

1. Entity Name

**TROPICAL FLOWERING TREE SOCIETY OF PALM BEACH CO
 UNTY INC.**

Principal Place of Business

Mailing Address

**BOCA RATON COMMUNITY CTR
 150 NW CRAWFORD AVE
 BOCA RATON FL 33432
 US**

**1101 NW 5 AVENUE
 BOCA RATON FL 33432
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0408303

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

**SCHNEIDER, HARVEY R ESQ.
 1900 CORPORATE BLVD., NW
 SUITE 301-WEST
 BOCA RATON FL 33431**

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 ☐ Delete
 NAME **PBD KLUGE, RAY**
 STREET ADDRESS **260 SW 56 ETR #103**
 CITY-ST-ZIP **MARGATE FL 33068**

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

TITLE ☐ Delete
 NAME **VPBD SHELLY, JOHN**
 STREET ADDRESS **920 SW 11TH TER**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE ☐ Delete
 NAME **TBD JENNINGS, ROBERT W**
 STREET ADDRESS **1101 NW 5TH AVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
 NAME **SBD PEAVEY, JANICE**
 STREET ADDRESS **724 AURELIA ST**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete
 NAME **D DEMAREST, GEORGIA**
 STREET ADDRESS **701 NE HARBOR TER**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☒ Delete
 NAME **D MERRIS, DORA**
 STREET ADDRESS **1085 W. CAMINO REAL**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☒ Change ☐ Addition
 NAME **FRANK MERRIS**
 STREET ADDRESS **2111 NW 30TH RD**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)