

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90013 043 \*\*\*\*61.25

0084116

DOCUMENT # N98000003988

1. Entity Name

HORTICULTURAL SOCIETY OF CHARLOTTE COUNTY, INC.

Principal Place of Business

ROBERT CALDWELL  
1540 SCHENLEY ST  
PORT CHARLOTTE FL 33952  
US

Mailing Address

POST OFFICE BOX 380215  
MURDOCK FL 33938-0215  
US

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 65-0774280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REED, MADELINE  
18842 ASHCROFT CIRCLE  
PUNTA GORDA FL 33948

7. Name and Address of New Registered Agent

Name PAPE, MELVIN C.  
Street Address (P.O. Box Number is Not Acceptable)  
3116 VILLA STREET  
City PORT CHARLOTTE FL Zip Code 33980

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 MELVIN C. PAPE, TREASURER Melvin C Pape  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-15-02  
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

|                |                         |                                            |
|----------------|-------------------------|--------------------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | CALDWELL, ROBERT A      |                                            |
| STREET ADDRESS | 1540 SCHENLEY STREET    |                                            |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33952 |                                            |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KRAUS, GEORGE I         |                                            |
| STREET ADDRESS | 23050 RYE AVE NE        |                                            |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33980 |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ZEEB, JOAN              |                                            |
| STREET ADDRESS | 4441 SWEETBAY STREET    |                                            |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 34948 |                                            |
| TITLE          | VD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | TAYLOR, DANIEL          |                                            |
| STREET ADDRESS | 1529 KENMORE ST         |                                            |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33952 |                                            |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | PAPE, MELVIN C          |                                            |
| STREET ADDRESS | 3116 MILLER STREET      |                                            |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33980 |                                            |
| TITLE          | SD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | GRADY, PATRICIA         |                                            |
| STREET ADDRESS | 585 W TARPON BLVD       |                                            |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33952 |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |
| TITLE          | VD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | OSBORNE, GERTRUDE         |                                                                              |
| STREET ADDRESS | 4634 ATWATER DRIVE        |                                                                              |
| CITY-ST-ZIP    | NORTH PORT, FL. 34286     |                                                                              |
| TITLE          | VD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MUSGRAVE, DONALD          |                                                                              |
| STREET ADDRESS | 3310 YUKON DR             |                                                                              |
| CITY-ST-ZIP    | PORT CHARLOTTE, FL. 33948 |                                                                              |
| TITLE          | SD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CALDWELL, KATHY           |                                                                              |
| STREET ADDRESS | 1540 SCHENLEY ST.         |                                                                              |
| CITY-ST-ZIP    | PORT CHARLOTTE, FL. 33952 |                                                                              |
| TITLE          | TD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PAPE, MELVIN C.           |                                                                              |
| STREET ADDRESS | 3116 VILLA SE             |                                                                              |
| CITY-ST-ZIP    | PORT CHARLOTTE, FL. 33980 |                                                                              |
| TITLE          | SD                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MOZIK, CAROL              |                                                                              |
| STREET ADDRESS | 134 EPPINGER DR.          |                                                                              |
| CITY-ST-ZIP    | PORT CHARLOTTE, FL. 33953 |                                                                              |

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: MELVIN C. PAPE, TREASURER Melvin C Pape  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02  
Date

941-629-4907  
Daytime Phone #

CR2E037 (9/01)