2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003988

1. Entity Name

HORTICULTURAL SOCIETY OF CHARLOTTE COUNTY, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90105 045 ****61.25

THE STATE OF STATE OF THE COUNTY, INC.								
Principal Place of Business ROBERT CALDWELL 1540 SCHENLEY ST PORT CHARLOTTE FL 33952		Mailing Address POST OFFICE BOX 380215 MURDOCK FL 33938-0215 US						,
2. Principal Place of Busines	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
3310 YUKON DR. City & State		City & State			4. FEI Number 65-0774280 Applied For			
PORT CHARLO	Country Country	Zip	Country			5-0774280 		ot Applicable
133948 US		·			5. Certificate of S	_	☐ \$8.75 A	dditional ed
- o. Name at	nd Address of Current Re	gistered Agent	Na	me	7. Name and Add	ress of New Regis	stered Agent	
PAPE, MELVIN C					P.O. Box Number is Not Acceptable)			
3116 VILLA STREET PORT CHARLOTTE FL	33980		Sire		O. Box Number is	Not Acceptable)		
1			. City	<u> </u>			E ■ Zip Coo	
8. The above named entity so the obligation of registers	ibmits this statement for the	e nurgoes of changing its	reciptored off					
	FEE IS \$61.25	9. Election Cam Trust Fund C		ng _	\$5.00 May Be Added to Fees	Make (Florida D	Check Payable	to State
10.	OFFICERS AND DIREC	TORS	11.		DOITIONS (OLIMIO		-	
TITLE PD	, ,,	☐ Delete	TITLE	PD	ODITIONS/CHANGI	-	ND DIRECTORS IN Change	N 10 ☐ Addition
NAME CALDWELL, F STREET ADDRESS CITY-ST-ZIP PORT CHARL			NAME STREET ADDRI CITY-ST-ZIP	ESS 3 <i>310</i>	LLD MUSE YUKON I CHARLOT	אָלּ	_ •	Add((o))
TITLE VD NAME OSBORNE, G STREET ADDRESS CITY-ST-ZIP NORTH PORT	R DRIVE	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	05801 05310	NE, GERTH LOVELAN CHAILLOT	D BLVO.	Change	Addition
		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	MILDI MILDI	RED WALL EMMETT A CHARLOTI	VER VE	Change	☐ Addition
ATTLE SD CALDWELL, KETREET ADDRESS 1540 SCHENL PORT CHARL		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	Addition
		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	TD PAPE 3116 PORT	MEZUIN, UILLA STI CHARLOTT	. c. TE, FL, 339	E Change	☐ Addition
AME TREET ADDRESS ITY-ST-ZIP 2. I hereby certify that the inficitated on this report or significant and the conditional conditions are considered in the conditional conditions.	R DR DTTE FL 33953	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				☐ Change	Addition

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes. I further certify that the information 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

941-629-4907