

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003294**

1. Entity Name

THE FLOWERING TREE SOCIETY OF CENTRAL FLORIDA, I**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90009 008 ****61.25

Principal Place of Business

Mailing Address

P O BOX 3067
ORLANDO FL 32802-3067P O BOX 3067
ORLANDO FL 32802-3067

B0020193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3561808

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

Name

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

City

FL

Zip Code

SULLIVAN, JOHN P III
6655 PARSON BROWN DRIVE
ORLANDO FL 32819

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DARDEN, VIRGINIA	425 E GORE	ORLANDO FL 32806	<input type="checkbox"/>	T/S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ESAKOF, ROBIN	2467 RUNYON CIRCLE	ORLANDO FL 32837	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GEISMAN, GRACE	2206 E CONCORD ST	ORLANDO FL 32803	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MANASSA, ALLEN	910 LITTLE BEND	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RUBINO, CHRIS	8762 PISA DR #221	ORLANDO FL 32810	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SULLIVAN, JOHN P	6655 PARSON BROWN DR	ORLANDO FL 32819	<input type="checkbox"/>	P				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

407-423-0544

CR2E037 (9/99)