2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900003294

CITY-ST-ZIP

THE FLOWERING TREE SOCIETY OF CENTRAL FLORIDA, I

THE FLOWERING TREE SOCIETY OF CENTRAL FLORIDA, I NC,									(04-29-200	2 90106	020 ****	0.00	
Principal Place of Business Maili			Mailin	g Address										
				O BOX 3067 RLANDO FL 32802-3067										
O Dain aire at D	laga of Ducie		1 2 Mail	ling Addross		<u>.</u>								
2. Principal Place of Business 3.			J. IVIAII	3. Mailing Address				(1	HCI UIB 1881		II bu sii ee iii		9(1) 9101 1941	
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPA					• -	_
City & State			Cit	City & State				4. FEI Number 59-3561808				⊢	Applied For Not Applicable	
Zip Country			Zip	Zip Cou			5. Certificate of S						. 75 Additional Required	
	6. Name	and Address of Curren	t Registere	d Agent	عـ	اجاز و سد	ين ديميد - ن	-7. Name a	nd Addr	ess of New	Registered	d Agent] -
						Name								
SULLIVAN, JOHN P III 6655 PARSON BROWN DRIVE				Street Address			Address (P	O. Box Nur	mber is N	lot Acceptab	le)			4
ORLANDO		IN DRIVE												
:				City							F	L Zip Co	de	
8. The above	named entit	y submits this statement f	for the purp	ose of changing its r	egistere	ed office o	or registere	ed agent, or	both, in t	he state of F	lorida.	'		7
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SIGNATURE .							•							
	Signature, typed	or printed name of registered ager	nt and title if and	Note:	Pagistore									
			in and total in app	DIICADIE. (NOTE:	negistere	a Agent signal	ature required v	when reinstating)) 		DATE	·		
		/: FEE IS \$61.25		9. Election Cam Trust Fund Co	paign F	inancing		\$5.00 Ma Added to Fe	ay Be		ake Che	ck Payable nent of Sta		
10.	FILE NOW			9. Election Cam Trust Fund Co	paign Fontributi	inancing ion.		\$5.00 Ma Added to Fe	ay Be ees		ake Che Departm	ck Payable ent of Sta	N 10	
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ORLANDO FL 32819 FL 32819 orlando 12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

407-423-0544

FILED

Apr 29, 2002 8:00 am Secretary of State

attackment Doc N99000003294

2002 Uniform Business Report

Flowering Tree Society of Central Florida FEI number 59-3561808

Please add this person to our list:

D
Mike Brock
-2260-Coconut Lane
Merritt Island, FL 32852

Thank you,

Virginia S. Darden President Flowering Tree Society of Central Florida