

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000004233

1. Entity Name

PALM BEACH PROFESSIONAL ORCHID GROWERS, INC.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90288 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

17711 130TH AVE. N.  
JUPITER FL 33478

17711 130TH AVE. N.  
JUPITER FL 33478-4606

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

31-1663407

Applied For

Not Applicable

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

JUDD, KENNI

1836 JUNO ISLES BLVD.  
N. PALM BCH FL 33408

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          | DD                  | <input type="checkbox"/> Delete |
| NAME           | PREISS, NANCY       |                                 |
| STREET ADDRESS | 17711 130TH AVE. N. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33478    |                                 |
| TITLE          | VD                  | <input type="checkbox"/> Delete |
| NAME           | JUDD, KENNI         |                                 |
| STREET ADDRESS | 17711 130TH AVE. N. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33478    |                                 |
| TITLE          | TD                  | <input type="checkbox"/> Delete |
| NAME           | RILEY, MICHAEL      |                                 |
| STREET ADDRESS | 17711 130TH AVE. N. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33478    |                                 |
| TITLE          | SD                  | <input type="checkbox"/> Delete |
| NAME           | MERKLE, MARTHA      |                                 |
| STREET ADDRESS | 17711 130TH AVE. N. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33478    |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | CASHEN, ROBERT      |                                 |
| STREET ADDRESS | 17711 130TH AVE. N. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33478    |                                 |
| TITLE          | O                   | <input type="checkbox"/> Delete |
| NAME           | EDLUND, MARK        |                                 |
| STREET ADDRESS | 17711 130TH AVE. N. |                                 |
| CITY-ST-ZIP    | JUPITER FL 33478    |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

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

4/27/00

Date

Daytime Phone #

CR2E037 (9/99)