

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90123 008 \*\*\*\*61.25

A0086743

DOCUMENT # N990000006536

1. Entity Name  
 Palm & Cycad Societies of Florida, Inc.

Principal Place of Business Mailing Address  
 9525 Jamacia Road 9525 Jamacia Road  
 Miami, FL 33189 Miami, FL 33189

2. Principal Place of Business 3. Mailing Address  
 9525 Jamacia Road 9525 Jamacia Road  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0976653 Applied For  
 Miami, FL 33189 Miami, FL 33189 Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
 33189 USA 33189 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 Haynes, Jody Name  
 9525 Jamaica Dr. Street Address (P.O. Box Number is Not Acceptable)  
 Miami, FL 33189 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 NAME STREET ADDRESS CITY-ST-ZIP	Paul Craft <input type="checkbox"/> Delete 935 A Honey Tree Lane Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Witt 7026 Burnway Drive, Orlando 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas Broome 9128 Golden Gate Blvd, Polk City, 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jody Haynes 9525 Jamaica Dr. Miami, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Geri Prall 328 SE 33rd Ter, Cape Coral, FL 33904
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
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

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: Geri Prall 9-1-01 941-549-8540  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #