

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90004 007 ****61.25

DOCUMENT # 751291

1. Entity Name

BEDDING PLANTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

1275 OAK RIDGE
 #2
 EAST LANSING MI 48823
 US

P.O. BOX 280
 EAST LANSING MI 48826-0280
 US

2. Principal Place of Business

3. Mailing Address

809 N HARRISON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EAST LANSING MI

4. FEI Number

59-2107070

Applied For

Not Applicable

Zip

Country

Zip

Country

48823

US

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

HUMPHRIES, J. BOB
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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	M	<input type="checkbox"/> Delete
NAME	WILLBRANDT, WILLIAM	
STREET ADDRESS	1275 OAK RIDGE #2	
CITY-ST-ZIP	EAST LANSING MI 48823	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, DICK	
STREET ADDRESS	901 4TH STREET N.W.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMASOVIC, JOHN L, JR	
STREET ADDRESS	1251 MEIER LANE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	UMSTEAD, JAN	
STREET ADDRESS	622 TOWN RD	
CITY-ST-ZIP	W CHICAGO IL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUSSOW, JIM	
STREET ADDRESS	P.O. BOX 352 N/A	
CITY-ST-ZIP	MADISON SD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	809 N. HARRISON	
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:

William T. Willbrandt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000 5173334617
 DATE DAYTIME PHONE #

CR2E037 (9/99)