

# 2000 UNIFORM BUSINESS REPORT (UBR)

UBR 47

**DOCUMENT # 577617**

1. Entity Name  
**LUCY HO'S BAMBOO GARDEN, INC.**

**FILED**

**00 NOV -7 PM 4: 12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
2814 APALACHEE PKW  
TALLAHASSEE FL 32301

Mailing Address  
2814 APALACHEE PKW  
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**LUCY HO'S BAMBOO GARDEN, Inc.**  
Suite, Apt. #, etc.  
**1700-1 HALSTEAD BLVD**  
City & State  
**TALLAHASSEE FL**  
Zip  
**32308**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number **59-1834779** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HO, LUCY**  
**2814 APALACHEE PARKWAY**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
Name **LUCY HO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1700-1 HALSTEAD BLVD**  
**TALLAHASSEE FL**  
City **FL** Zip Code **32308**

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 *Katharine Chiu* **KATHARINE CHIU V.D** **11/4/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min; will be \$750.00-**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HO, LUCY</b> <b>402 VINNEDGE RIDE</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HO, JOHN</b> <b>402 VINNEDGE RIDE</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CHIU, KATHARIN</b> <b>3224 ROBINHOOD RD.</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CHIU, WINSTON</b> <b>3224 ROBINHOOD RD.</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003480311--3</b> <b>-11/30/00--01006--022</b> <b>****750.00 ****750.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 00.**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *10/1/00* **883-4128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 104-1 (00)