

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90055 048 \*\*\*158.75

**DOCUMENT # 666655**

1. Entity Name

**NUTRILAWN, INC.**

Principal Place of Business

Mailing Address

1391 LADY MARION LN.  
~~P.O. BOX 210~~  
 DUNEDIN FL 34697

P.O. BOX 1247  
 DUNEDIN FL 34697-1247  
 US

2. Principal Place of Business

**1391 LADY MARION LANE**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DUNEDIN, FLORIDA**

City & State

4. FEI Number

**59-1988330**

Applied For

Not Applicable

Zip

**34698**

Country

**US**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERSEM, THOMAS G.**  
**400 INDIAN ROCKS RD, SUITE C**  
**BELLEAIR BLUFFS FL 34640**

7. Name and Address of New Registered Agent

Name

**TERRY L. SHINAFELT**

Street Address (P.O. Box Number is Not Acceptable)

**2087 GARY COURT**

City

**PALM HARBOR**

**FL**

Zip Code

**34683**

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

*Terry L. Shinafelt, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/00**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
PST	SHINAFELT, TERRY	3270 MEADOW VIEW LN	PALM HARBOR FL	<input type="checkbox"/>
VD	SHINAFELT, TERRY	3270 MEADOW VIEW LN	PALM HARBOR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PST		4342 WILLOW OAK DRIVE	GAINESVILLE, GEORGIA 30506	<input type="checkbox"/>	<input type="checkbox"/>
VD		4342 WILLOW OAK DRIVE	GAINESVILLE, GEORGIA 30506	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Terry L. Shinafelt, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/00**

DATE

**727-733-1159**

DAYTIME PHONE #

CR2E034 (9/99)