

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723337

1. Entity Name

THE GARDENIA CONDOMINIUM APARTMENTS, INC.

Principal Place of Business

120 ANCHOR DR
SUITE A-207
KEY LARGO FL 33037
US

Mailing Address

100 ANCHOR DR
STE 476
KEY LARGO FL 33037-5277
US

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

59-1507242

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

MOSS, EVELYN
100 ANCHOR DR
STE 476
KEY LARGO FL 33037

Name

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

City

Key Largo

FL

Zip Code

33037

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 ☐ Delete
NAME VD
STREET ADDRESS UNIPAN, HOHN
CITY-ST-ZIP 100 ANCHOR DR 4876
KEY LARGO FL 33037

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 Anchor Drive
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS CONFORT, MARY
CITY-ST-ZIP 100 ANCHOR DR 476
KEY LARGO FL 33037

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 Anchor Drive
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS SAVAGE, TOM
CITY-ST-ZIP 100 ANCHOR DR 476
KEY LARGO FL 33037

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 Anchor Drive
CITY-ST-ZIP

TITLE ☐ Delete
NAME POA
STREET ADDRESS MOSS, EVELYN
CITY-ST-ZIP 100 ANCHOR DR 476
KEY LARGO FL 33037

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 Anchor Drive
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

4-19-00

305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)