

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-19-2001 90031 050 \*\*\*\*61.25

**DOCUMENT # 724557**

1. Entity Name

**GARDENS 101, INC. THE**

Principal Place of Business

Mailing Address

100 ASPEN CRCL.  
 SEMINOLE FL 33777  
 US

100 ASPEN CRCL.  
 SEMINOLE FL 33777  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Seminole, Fla.*

*Seminole, Fla. 33777*

Zip

Country

Zip

Country

*33777*

*Pinellas*

*33777*

4. FEI Number

**59-1426381**

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

**SPENCER, MYRTLE**  
**116 ASPEN CIRCLE**  
**SEMINOLE FL 33777**

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 *Myrtle M. Spencer*

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	DS	<input type="checkbox"/> Delete
NAME	BARON, SHIRLEY	
STREET ADDRESS	118 ASPEN CIR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LEE	
STREET ADDRESS	112 ASPEN CIR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, MYRTLE	
STREET ADDRESS	116 ASPEN CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, DOROTHY	
STREET ADDRESS	110 ASPEN CIR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITSCHER, TONI	
STREET ADDRESS	206 ASPEN CIR	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ZURBRICK, BETTY	
STREET ADDRESS	204 ASPEN CIR	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	<i>Ed. Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Baron Shirley</i>	
STREET ADDRESS	<i>118 Aspen Cir</i>	
CITY-ST-ZIP	<i>Seminole Fla. 33777</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Don &amp; Lorie</i>	
STREET ADDRESS	<i>121 Aspen Circle</i>	
CITY-ST-ZIP	<i>Seminole Fla. 33777</i>	
TITLE	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Spencer Myrtle</i>	
STREET ADDRESS	<i>116 Aspen Circle</i>	
CITY-ST-ZIP	<i>Seminole Fla. 33777</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Page, Carol</i>	
STREET ADDRESS	<i>117 Aspen Circle</i>	
CITY-ST-ZIP	<i>Seminole Fla. 33777</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Walczyk Alberta</i>	
STREET ADDRESS	<i>115 Aspen Circle</i>	
CITY-ST-ZIP	<i>Seminole, Fla. 33777</i>	
TITLE	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Zurbrich, Betty</i>	
STREET ADDRESS	<i>204 Aspen Circle</i>	
CITY-ST-ZIP	<i>Seminole, Fla. 33777</i>	

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:

*Myrtle M. Spencer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 13, 01*

Date

Daytime Phone #

CR2E037 (10/00)