

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91164 034 ****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

103 Cleveland Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo FL

Zip

Country

33770

Country

US

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

Resource Property Management

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

103 Cleveland Ave SW

City

Largo

State

Zip

FL 33770

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

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Thompson	
STREET ADDRESS	106 Aspen Circle	
CITY-ST-ZIP	Seminole, FL 33777	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lena Madenberg	
STREET ADDRESS	212 Aspen Circle	
CITY-ST-ZIP	Seminole FL 33777	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Goble	
STREET ADDRESS	217 Aspen Circle	
CITY-ST-ZIP	Seminole FL 33777	
TITLE	VPD	<input checked="" 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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02 727 581-2662

Date Daytime Phone #

CR2E037 (9/01)