

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90310 007 ****61.25

DOCUMENT # 724557



1. Entity Name
GARDENS 101, INC. THE

Principal Place of Business
**100 ASPEN CRCL.
SEMINOLE FL 33777
US**

Mailing Address
**103 CLEVELAND AVE SW
LARGO FL 33770
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
7300 PARK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SEMINOLE FL

4. FEI Number **59-1426381**

Applied For
 Not Applicable

Zip

Country

Zip
33777-4601

Country

US

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

**RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE SW
LARGO FL 33770**

Name
RESORCIE PROPERTY MANAGEMENT INC.
Street Address (P.O. Box Number is Not Acceptable)
7300 PARK ST.
City **SEMINOLE** Zip Code **FL 33777-4601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debra Liberto*

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMMY, THOMPSON	
STREET ADDRESS	106 ASPEN CIRCLE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADENBERG, LENA	
STREET ADDRESS	212 ASPEN CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOBLE, DONALD	
STREET ADDRESS	217 ASPEN CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VPD	<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		<input type="checkbox"/> Delete
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		
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 empowered.

SIGNATURE:

SIGNATURES REQUIRED

1-15-03

CR2E037 (10/02)