

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728282

1. Entity Name

THE GARDENS 105, INC.

**FILED**  
Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90009 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O RESOURCE MGMT.  
140 PINELLAS BAYWAY  
TIERRA VERDE FL 33715  
US

C/O RESOURCE MGMT.  
140 PINELLAS BAYWAY  
TIERRA VERDE FL 33715-1700  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103 CLEVELAND AVE. S.W.

103 CLEVELAND AVE. S.W.

City & State

City & State

LARGO, FL.

LARGO, FL.

Zip

Country

Zip

Country

33770

US

33770

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDA, ALBERTO  
118 PINELLAS BAYWAY  
TIERRA VERDE FL 33715

Name  
DOROTHY THOMAS

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

C/O RESOURCE MGMT.

103 CLEVELAND AVE. S.W.

City

LARGO

FL

Zip Code

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

*Dorothy Thomas*

DOROTHY THOMAS

1/19/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D HOSMER, CAMPBELL 122 ELMWOOD CIRCLE SEMINOLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPBELL, BUD 122 ELMWOOD CR SEMINOLE FL 33777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCKLER, AL 101 ELMWOOD CIR. SEMINOLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLASKE, ROBERT 121 ELMWOOD CIRCLE SEMINOLE FL 33777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, BUD 202 ELMWOOD CIRCLE SEMINOLE FL 33777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, HARVEY 211 ELMWOOD CIRCLE SEMINOLE, FL. 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHES, BUD 202 ELMWOOD CIRCLE SEMINOLE, FL. 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWNEY, GERALD 119 DOBWOOD CIRCLE SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LA PLANT, KEITH 204 ELMWOOD CIRCLE SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, RICH 101 ELMWOOD CIRCLE SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 24.00*

Date

Daytime Phone #