

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 05, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 814109**

1. Entity Name  
 MONTGOMERY BOTANICAL CENTER, INC.

Principal Place of Business 11901 OLD CUTLER RD MIAMI 33156 FL US	Mailing Address 11901 OLD CUTLER RD MIAMI 33156 FL US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>13-6153649</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301 US

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 \_\_\_\_\_ DATE **01/05/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAMY, JEANNE	NAME	BELLAMY JEANNE	NAME	MANZ PETER	NAME	KELLY NICHOLAS
STREET ADDRESS	2718 SECOVIA ST	STREET ADDRESS	2718 SECOVIA ST	STREET ADDRESS	3410 N. BENT TREE POIN	STREET ADDRESS	10200 SW. 55 AVENUE
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	LECANTO FL 34461	CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MANZ	NAME	MANZ PETER	NAME	SMILEY KARL DR.	NAME	KELLY NICHOLAS
STREET ADDRESS	2380 BAY VILLAGE COURT	STREET ADDRESS	3410 N. BENT TREE POIN	STREET ADDRESS	9979 SW 52ND AVE	STREET ADDRESS	10200 SW. 55 AVENUE
CITY-ST-ZIP	PALM BCH GARDENS FL	CITY-ST-ZIP	LECANTO FL 34461	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, ARTHUR	NAME	SMILEY KARL DR.	NAME	KELLY NICHOLAS	NAME	KELLY NICHOLAS
STREET ADDRESS	112 SHERIDAN AVE	STREET ADDRESS	9979 SW 52ND AVE	STREET ADDRESS	10200 SW. 55 AVENUE	STREET ADDRESS	327 PONTE VEDRA BLVD.
CITY-ST-ZIP	HO-HO-KUS NJ	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, WALTER D	NAME	HAYNES WALTER D	NAME	HAYNES WALTER D	NAME	KELLY LOYD
STREET ADDRESS	5407 SPANGLER AVE	STREET ADDRESS	327 PONTE VEDRA BLVD.	STREET ADDRESS	327 PONTE VEDRA BLVD.	STREET ADDRESS	11095 S.W. 53 AVENUE
CITY-ST-ZIP	BETHESDA MD	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYD, KELLY	NAME	KELLY LOYD	NAME	KELLY LOYD	NAME	KELLY LOYD
STREET ADDRESS	2215 AMBASSADOR DR NE APT7	STREET ADDRESS	11095 S.W. 53 AVENUE	STREET ADDRESS	11095 S.W. 53 AVENUE	STREET ADDRESS	11095 S.W. 53 AVENUE
CITY-ST-ZIP	ALBNGNERGUR NM 87112	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	MIAMI FL 33156

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.