2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90272 049 ****61.25

DOCUMENT # N94000001547

1. Entity Name

THE BOTANICAL GARDEN, INC.

Principal Place of Business	Mailing Address
3584 EXCHANGE BLVD SUITE C NAPLES FL 34104 US	3584 EXCHANGE BLVD SUITE C NAPLES FL 34104-3732 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3584 Exchange Ave., Suite A	P.O. Box 11853
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL 34101-1853
Zip: 34104 Country: USA	Zip: 34101 Country: USA

4. FEI Number: 65-0511429 ☐ 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
PATTERSON, GARY A 3584 EXCHANGE BLVD SUITE C NAPLES FL 33942	Name: Edward Petras Street Address (P.O. Box Number is Not Acceptable): 3584 Exchange Avenue Suite A City: Naples FL Zip Code: 34104

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 _____ Edward Petras, Chairman
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	SBDC GALLAGHER, SUSAN 77 CENTER STREET NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Edward Petras 1840 8th Street South Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SBDT JONES, ELLEN 4527 DORANDO AVE NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Stephen M. Duckworth 6326 Trail Blvd. Naples, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NAGLE, STEVEN N 1629 N FLOSSOMOOR RD FT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Catherine K. Ware 286 18th Avenue Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP PATTERSON, GARY A 1629 N FLOSSMOOR RD FT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Newton Davis 77 Center Street Naples, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kenneth L. Abernathy 4200 Belair Lane, Apt. 108 Naples, FL 34103-3179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patricia Buehler 1030 Spyglass Lane Naples, FL 34102	☐ Change ☒ 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: _____ REQUIRED Edward Petras, Chairman 941-643-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #