

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90367 050 \*\*\*\*61.25

**DOCUMENT # N94000001547**

1. Entity Name

**THE BOTANICAL GARDEN, INC.**

Principal Place of Business

3584 EXCHANGE BLVD  
 SUITE A  
 NAPLES FL 34104  
 US

Mailing Address

PO BOX 11853  
 NAPLES FL 34101-1853  
 US

2. Principal Place of Business

4820 Bayshore Dr. Ste. D

Suite, Apt. #, etc.

3. Mailing Address

4820 Bayshore Dr. Ste. D

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

65-0511429

Applied For

Not Applicable

Zip

Country

34112

USA

Zip

Country

34112

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETRAS, EDWARD**  
**3584 EXCHANGE AVE**  
**SUITE A**  
**NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Sondra Quinn

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

4820 Bayshore Dr., Suite D

City

Naples

FL

Zip Code

34112

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

*Sondra Quinn*

President/CEO

4/20/01

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

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PETRAS, EDWARD	
STREET ADDRESS	1840 8TH ST S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DUCKWORTH, STEPHEN M	
STREET ADDRESS	6326 TRAIL BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WARE, CATHERINE K	
STREET ADDRESS	286 18TH AVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, NEWTON	
STREET ADDRESS	77 CENTER ST	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABERNATHY, KENNETH L	
STREET ADDRESS	4200 BELAIR LN APT 108	
CITY-ST-ZIP	NAPLES FL 34103-3179	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUEHLER, PATRICIA	
STREET ADDRESS	1030 SPYGLASS LN	
CITY-ST-ZIP	NAPLES FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda White	
STREET ADDRESS	1510 Star Pointe Lane	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Kapnick	
STREET ADDRESS	4000 Rum Row	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Benson	
STREET ADDRESS	6557 Ridgewood Drive	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	V.P. Administration	<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 empowered.

SIGNATURE:

*Newton Davis*

Newton Davis, V.P. Administration

4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)