

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 030 ***150.00

0481097

DOCUMENT # P99000082442

1. Entity Name

FLORIDA LANDSCAPE MAINTENANCE ASSOCIATION INC.

Principal Place of Business

Mailing Address

~~4228 COBBLESTONE CT~~
 ORLANDO FL ~~32810-1022~~

~~2808 Kilgore St~~
 BOX 141581
 ORLANDO FL 32814

32803

2. Principal Place of Business

2808 Kilgore St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32803 ORLANDO

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPRAYBERRY, KENNETH A
 2808 KILGORE ST
 ORLANDO FL 32803

7. Name and Address of New Registered Agent

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

Kenneth A. Sprayberry
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPRAYBERRY, KENNETH H	
STREET ADDRESS	2808 KILGORE ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	JARVIS, HENRY J	
STREET ADDRESS	4228 COBBLESTONE CT	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	ED	<input type="checkbox"/> Delete
NAME	SPRAYBERRY, KENNETH H	
STREET ADDRESS	2808 KILGORE ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH H SPRAYBERRY	
STREET ADDRESS	2808 KILGORE ST	
CITY-ST-ZIP	ORLANDO FL 32803	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01 379-0258

CR2E034 (10/00)