

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19311

1. Entity Name

FOREVERGREEN OF SANIBEL, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90030 034 ***150.00

Principal Place of Business

2025 PERIWINKLE WAY
SUITE #2
SANIBEL FL 33957
US

Mailing Address

2025 PERIWINKLE WAY
P. O. BOX 1460
SANIBEL FL 33957-1460

2. Principal Place of Business

2025 PERIWINKLE WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

Zip

33957

Country

USA

Zip

Country

4. FEI Number

59-2246409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CIMATO, JOHN A.
6042 BIRNAM WOOD LANE
FT. MYERS FL 33908

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CIMATO, JOSEPH V.	
STREET ADDRESS	3621 KNOLLWOOD RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIMATO, JOHN A.	
STREET ADDRESS	6042 BIRNAM WOOD LANE	
CITY-ST-ZIP	FT. MYERS, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3-28-00

Date

941-472-5354

Daytime Phone #