

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701370

1. Entity Name

LINCOLN GARDEN CO-OP, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90046 045 ****61.25

Principal Place of Business
2213 LINCOLN ST
#6
HOLLYWOOD FL 33020
US

Mailing Address
2213 LINCOLN ST
#6
HOLLYWOOD FL 33020-3966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

GELINAS, EVON
2213 LINCOLN ST
#6
HOLLYWOOD FL 33020

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

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 | P GELINAS, CECILE 2213 LINCOLN ST., #06 HOLLYWOOD FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BULL, FLORENCE 2213 LINCOLN ST., #14 HOLLYWOOD FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TIMIS, VICKY 2213 LINCOLN ST 4 HOLLYWOOD FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GELINAS, EVON 2213 LINCOLN ST, #6 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SKRYZPICE, ROBERT 2213 LINCOLN ST, #8 HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZALESKI, FRED 2211 LINCOLN ST. HOLLYWOOD FL <input type="checkbox"/> Delete |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROBERT SKRYZPICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2213 LINCOLN ST APT. 8 HOLLYWOOD, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARCEL LAVIGNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2211 LINCOLN ST APT. 13 HOLLYWOOD, FL 33020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of Robert Skryzpice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-00

954-925 8069

Date

Daytime Phone #

CR2E037 (9/99)