

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

0041489

**DOCUMENT # 814109**

1. Entity Name

**MONTGOMERY BOTANICAL CENTER, INC.**

02-13-2001 90001 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**11901 OLD CUTLER RD  
 MIAMI FL 33156  
 US**

**11901 OLD CUTLER RD  
 MIAMI FL 33156  
 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

**13-6153649**

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

**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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 **D** ☐ Delete  
 NAME **KELLY, LOYD**  
 STREET ADDRESS **11095 S.W. 53 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Kelly, Loyd**  
 STREET ADDRESS **11095 Lakeside Drive**  
 CITY-ST-ZIP **Coral Gables, Florida 33156**

TITLE **VSTD** ☐ Delete  
 NAME **HAYNES, WALTER D**  
 STREET ADDRESS **327 PONTE VEDRA BLVD.**  
 CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Charles P. Sacher**  
 STREET ADDRESS **7341 SW 162 Street**  
 CITY-ST-ZIP **Miami, Florida 33157**

TITLE **D** ☐ Delete  
 NAME **KELLY, NICHOLAS**  
 STREET ADDRESS **10200 SW. 55 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Kelly, Nicholas**  
 STREET ADDRESS **10200 Sabal Palm Avenue**  
 CITY-ST-ZIP **Coral Gables, Florida 33156**

TITLE **PD** ☐ Delete  
 NAME **SMILEY, KARL DR**  
 STREET ADDRESS **9979 SW 52ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Smiley, Karl Dr.**  
 STREET ADDRESS **9979 Fairchild Way**  
 CITY-ST-ZIP **Coral Gables, Florida 33156**

TITLE **D** ☐ Delete  
 NAME **MANZ, PETER**  
 STREET ADDRESS **3410 N. BENT TREE POIN**  
 CITY-ST-ZIP **LECANTO FL 34461**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BELLAMY, JEANNE**  
 STREET ADDRESS **2718 SECOVIA ST**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ 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:**

*Signature of Walter Experience Walters* 2/4/01 305 667 3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)