

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 187933

1. Entity Name

CORBIN-LINDABURY GARDEN CENTERS, INC

Principal Place of Business

Mailing Address

380 - 10TH ST S
NAPLES FL 33940

P O BOX 2267
NAPLES FL 33939

2. Principal Place of Business
2125 MARINA DR

3. Mailing Address
2125 MARINA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-0751715

Applied For
Not Applicable

Zip
34102

Country
US

Zip
34102

Country
US

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

LINDABURY, PAUL D
380 10TH STREET SOUTH
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)
2125 MARINA DRIVE

City
NAPLES

FL Zip Code
34102

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 P/D/T ☐ Delete
NAME LINDABURY, PAUL
STREET ADDRESS 2125 MARINA DR
CITY - ST - ZIP NAPLES FL 34102

TITLE V/S ☐ Delete
NAME LINDABURY, KATHY
STREET ADDRESS 2125 MARINA DR
CITY - ST - ZIP NAPLES FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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TITLE ☐ Change ☐ 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)(f), 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 #

Paul D. LINDABURY

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90039 013 ***150.00

00000100

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

3-27-2000 941-649-6527