## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 256935**

DOCU	1 UNIFORM BUSI MENT # 256935 'S GARDEN AND LANDSCAP		RŤ (UBI	R)	Feb 13, 2 Secreta	LED 2001 8:00 ry of Sta 20075 049 ***150.0	te	
Principal Place of Business 10750 LANNOM LANE SARASOTA FL 34240		Mailing Address 10750 LANNOM LANE SARASOTA FL 34240				<b>v</b> ~ · ·		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	El Number <b>59-102564</b>	<b>⊊</b>	oplied For	
Zip Country		Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			lame and Address of New F			
ADAGO HAMINE			Name _	Name				
1075	OSS,MARVIN E 50 LANNOM LANE ASOTA FL 34240	Street Address		ddress (P.O, B	(P.O. Box Number is Not Acceptable)			
QAN.	NOOTA 1E G4240		City			FL Zip Cod	le	
Tax filing requirement and elects to do so. After MAY			Registered Agent signature.  FEE IS \$150.0  Fee will be \$50.0  to Department	00 550.00	nstating)  10. Efection Campaign Fir  Trust Fund Contributio		O May Be	
11.	OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, MARVIN E 10750 LANNOM LANE SARASOTA FL 34240	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURRY, MICHAEL A 10750 LANNOM LANE SARASOTA FL 34240	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	
-TITLE = 4 NAME STREET ADDRESS CITY-ST-ZIP		🖸 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		— _~.□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Change	Addition	

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 of 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

Marvin E. Gross

2/7/01

(941) 371-2650