

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 310852

1. Entity Name

GREEN THUMB GARDEN CENTER CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90150 018 ***150.00

Principal Place of Business

Mailing Address

3862 CACTUS LANE
MT DORA FL 32757

3862 CACTUS LANE
MT DORA FLA 32757-5414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1207482

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

PHILLIPS, LEONARD L
3862 CACTUS LANE
MOUNT DORA FL 32757

Name **GEORGIA M PHILLIPS**

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

3862 CACTUS LANE

City **MOUNT DORA**

FL

Zip Code **32757**

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 *Georgia M Phillips*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **PHILLIPS, LEONARD L**
STREET ADDRESS **3862 CACTUS LN**
CITY-ST-ZIP **MOUNT DORA FL** *Deceased*

TITLE **PD** ☐ Delete
NAME **PHILLIPS, GEORGIA M**
STREET ADDRESS **3862 CACTUS LANE**
CITY-ST-ZIP **MOUNT DORA FL**

TITLE **D** ☐ Delete
NAME **GILDER, BEVERLY PHILLIPS**
STREET ADDRESS **504 SHETATON DRIVE**
CITY-ST-ZIP **ANDALUSIA AL**

TITLE **EVP** ☐ Delete
NAME **PHILLIPS, RONALD S.**
STREET ADDRESS **POST OFFICE BOX 1254**
CITY-ST-ZIP **MOUNT DORA FL**

TITLE **D** ☐ Delete
NAME **JONES, JUDY P.**
STREET ADDRESS **1804 BISMARC CT**
CITY-ST-ZIP **NORMAN OK**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **President - Director** ☒ Change ☐ Addition
NAME **Georgia M Phillips**
STREET ADDRESS **3862 Cactus Lane**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

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

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

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)(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

Georgia M Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Georgia M Phillips - President

4-26-00

Date

352-383-774

Daytime Phone #

CR2E034 (9/99)