

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90020 036 ***150.00

DOCUMENT # 685821

1. Entity Name
DANA-LYNN NURSERY, INC.

Principal Place of Business

**3125 ROUND LAKE RD.
 APOPKA FL 32712**

Mailing Address

**3125 ROUND LAKE RD.
 APOPKA FL 32712**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3125 Round Lake Rd.
 Suite, Apt. #, etc.

3. Mailing Address

3125 Round Lake Rd.
 Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Apopka, Florida

4. FEI Number

59-2035064

Applied For

Not Applicable

Zip

Country

32712

U.S.A

Zip

Country

32712

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUGERING, HENRY S.
 3125 ROUND LAKE RD.
 APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name **Abdel Fatah FOURARI**
 Street Address (P.O. Box Number is Not Acceptable) **3125 Round Lake Road**
 City **Apopka** FL **32712**

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 **Abdel Fatah FOURARI**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUGERING, HENRY S. 3125 ROUND LAKE RD. APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUGERING, MARGARET C. 3125 ROUND LAKE RD. APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUGERING, MARGARET C. 3125 ROUND LAKE RD. APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP PEPPER, M. 3125 ROUND LAKE RD. APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM Abdel Fatah FOURARI 3125 Round Lake Rd. Apopka, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARICE M. FOURARI 3125 Round Lake Rd. Apopka, FL	<input checked="" 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		<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		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Abdel Fatah FOURARI

1/7/02 (407) 889-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)