

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738123

1. Entity Name

THE GARDENS 107, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 044 ****61.25

Principal Place of Business

103 CLEVELAND AVE SW
LARGO FL 33770
US

Mailing Address

103 CLEVELAND AVE SW
LARGO FL 33770-3604
US

2. Principal Place of Business

8039 Garden Drive
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

4. FEI Number

59-1870432

Applied For

Not Applicable

Zip

34647

Country

US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARDT, DEBBIE
C/O RESOURCE PROPERTY MGMT
103 CLEVELAND AVE SW
LARGO FL 33770

7. Name and Address of New Registered Agent

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

TITLE: T/D ☒ Delete
NAME: BONNIE WOLF
STREET ADDRESS: 8039 GARDEN DR., #101
CITY-ST-ZIP: SEMINOLE FL 33777

TITLE: VP ☐ Delete
NAME: DOWNER, PAM
STREET ADDRESS: 8039 GARDEN DR., #208
CITY-ST-ZIP: SEMINOLE FL 33777

TITLE: D ☐ Delete
NAME: HARBOLD, CHARLIE
STREET ADDRESS: 8039 GARDEN DR / STE 107
CITY-ST-ZIP: SEMINOLE FL 33777

TITLE: PD ☐ Delete
NAME: MOATS, PAMELA
STREET ADDRESS: 8039 GARDEN DR., #104
CITY-ST-ZIP: SEMINOLE FL 33777

TITLE: SD ☒ Delete
NAME: BARBARA DEMAESSCHALOK
STREET ADDRESS: 8039 GARDEN DR., #204
CITY-ST-ZIP: SEMINOLE FL 33777

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD ☐ Change ☒ Addition
NAME: VANING, LINDA
STREET ADDRESS: 8039 GARDEN DR. #206
CITY-ST-ZIP: SEMINOLE, FL. 33777

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

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

TITLE: PTD ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Change ☒ Addition
NAME: ROUSH, VICKI
STREET ADDRESS: 8039 GARDEN DR. # 105
CITY-ST-ZIP: SEMINOLE, FL. 33777

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:

PAMELA K. MOATS

2-16-00

727-581-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)