

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001757

1. Entity Name

HERB SHOP OF TALLAHASSEE, LIMITED

Principal Place of Business

3495-5 THOMASVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address

3495-5 THOMASVILLE ROAD
TALLAHASSEE FL 32308-3438

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3380440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYER, MACALL
3495-5 THOMASVILLE ROAD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Adrian C Fletcher

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

3495-5 Thomasville Road

City

Tallahassee

FL

Zip Code

32308

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

Adrian C Fletcher

Adrian C. Fletcher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000070252
NAME FLETCHER HERB GROUP, INC.
STREET ADDRESS 3495-5 THOMASVILLE ROAD
CITY - ST - ZIP TALLAHASSEE FL 32308

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7000003278557--1

CITY - ST - ZIP

-06/06/00--01083--013
****141.25 ****141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Adrian C Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00

Date

850 910 2121

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 27 PM 1:16



DO NOT WRITE IN THIS SPACE