

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90237 045 \*\*\*150.00

U15934 AR

**DOCUMENT # F01000006015**

1. Entity Name  
**NATURECITY, INC.**

Principal Place of Business  
**45 BARTLETT STREET**  
**MARLBOROUGH MA 01752**

Mailing Address  
**45 BARTLETT STREET**  
**MARLBOROUGH MA 01752**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9665 Tradeport Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9665 Tradeport Drive**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FL**  
 Zip  
**32827**

Country  
**USA**

City & State  
**Orlando, FL**  
 Zip  
**32827**

Country  
**USA**

4. FEI Number  
**04-3484421**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GELLER, BETH M**  
**150 E. PALMETTO PARK ROAD, SUITE 700**  
**BOCA RATON FL 33432**

Name

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

City

**Orlando**

**FL**

Zip Code

**32827**

**7. Name and Address of New Registered Agent**

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 *Beth M Geller*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/14/02**  
 DATE

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	<b>DCEO-GRILLO, VICTOR JR</b> <b>45 BARTLETT STREET</b> <b>MARLBOROUGH MA 01752</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS GELLER, BETH M</b> <b>150 E. PALMETTO PARK ROAD, SUITE 700</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PRADELLI, CARL</b> <b>20 W. 64TH ST., APT. 41 S</b> <b>NEW YORK NY 10023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERRY, STEVE</b> <b>728 INDUSTRY ROAD</b> <b>LONGWOOD FL 32750</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>GRILLO, STACEY</b></del> <del><b>45 BARTLETT STREET</b></del> <del><b>MARLBOROUGH MA 01752</b></del>	<input checked="" 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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIT/S Beth M Geller</b> <b>9665 Tradeport Drive</b> <b>Orlando, FL 32827</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/CEO</b>	<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

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:**

*Beth M Geller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**  
 Date

**561.862.0094**  
 Daytime Phone #

CR2E034 (9/01)