

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91794 016 ***150.00

DOCUMENT # F99000001372

1. Entity Name
ONESOURCE LANDSCAPE & GOLF SERVICES, INC.



Principal Place of Business
1600 PARKWOOD CIRCLE
#400
ATLANTA GA 30339
US

Mailing Address
4800 N. FEDERAL HWY
SUITE 200B
BOCA RATON FL 33431



2. Principal Place of Business

3. Mailing Address

1600 Parkwood Circle
Suite, Apt. #, etc. Suite 400 Corp. Tax Dept.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Atlanta, Georgia

Zip

Country

Zip

Country

30339

U.S.

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **22-3640690**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **SCHMOYER, RONALD**
STREET ADDRESS **1600 PARKWOOD CIRCLE, #400**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **D** ☐ **Delete**
NAME **GAZE, PETER**
STREET ADDRESS **4800 N. FEDERAL HWY #200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **VSD** ☐ **Delete**
NAME **LEVINE, STEVEN J**
STREET ADDRESS **4800 NORTH FEDERAL HWY, STE 200B**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **AS** ☐ **Delete**
NAME **GEBHARD, ROGER**
STREET ADDRESS **4800 N. FEDERAL HWY #200B**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **T** ☐ **Delete**
NAME **OLBERT, ANN M**
STREET ADDRESS **4800 N FEDERAL HWY, STE 200B**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7700 Congress Avenue, Suite 3214**
CITY-ST-ZIP **Boca Raton, Florida 33487**

TITLE **V** ☐ **Delete**
NAME **GAID, PERRY**
STREET ADDRESS **1600 PARKWOOD CIRCLE, #400**
CITY-ST-ZIP **ATLANTA GA 30339**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Date

Daytime Phone #

CR2E034 (10/02)

attachment

80111135
#F99000001372

**OneSource Landscape & Golf Services, Inc.
Officer Attachment**

President	Ronald E. Schmoyer
Vice President	Perry J. Gaid
Assistant Treasurer & Assistant Secretary	Patricia G. Bluestein
Assistant Secretary	Scott E. Friedlander

Address for all of the above:
1600 Parkwood Circle, Suite 400
Atlanta, GA 30339

Director	Peter M.R. Gaze
Director, Vice President & Secretary	Steven J. Levine
Treasurer	Ann M. Olbert
Assistant Secretary	Eli D. Schoenfield
Assistant Secretary	Roger Gebhard

Address for all of the above:
Carlisle Management Services, Inc.
4800 N. Federal Highway, Suite 200B
Boca Raton, FL 33431