

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90071 001 \*\*\*150.00

**DOCUMENT # F99000005129**

1. Entity Name

**NK LAWN & GARDEN CO.**

Principal Place of Business

Mailing Address

**3701 AMNIEOLA HWY.  
CHATTANOOGA TN 37406**

**6072 SHALLOWFORD RD.  
CHATTANOOGA TN 37421**

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

**13-3593975**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PCEO                          | <input checked="" type="checkbox"/> Delete |
| NAME           | ABEL, WILLIAM G               |  |
| STREET ADDRESS | 6072 SHALLOWFORD ROAD         |  |
| CITY-ST-ZIP    | CHATTANOOGA TN 37421          |  |
| TITLE          | V                             | <input checked="" type="checkbox"/> Delete |
| NAME           | STREBER, STEVE J              |  |
| STREET ADDRESS | 6072 SHALLOWFORD ROAD         |  |
| CITY-ST-ZIP    | CHATTANOOGA TN 37421          |  |
| TITLE          | V                             | <input checked="" type="checkbox"/> Delete |
| NAME           | WRIGHT, STEVEN F              |  |
| STREET ADDRESS | 3701 AMNICOLA HIGHWAY         |  |
| CITY-ST-ZIP    | CHATTANOOGA TN 37421          |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | DANFORTH, FRED C              |  |
| STREET ADDRESS | 175 PORTLAND STREET SUITE 300 |  |
| CITY-ST-ZIP    | BOSTON MA 02114               |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | SCHRIEBER, RICHARD            |  |
| STREET ADDRESS | 1629 LOCUST STREET            |  |
| CITY-ST-ZIP    | PHILADELPHIA PA 19103         |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | O'MARA, JOHN                  |  |
| STREET ADDRESS | 399 PARK AVENUE, 14TH FLOOR   |  |
| CITY-ST-ZIP    | NEW YORK NY 10043             |  |

|                |                        |   |
|----------------|------------------------|---|
| TITLE          | PCEO                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           | Streber, Steve J       |   |
| STREET ADDRESS | 6072 Shallowford Rd    |   |
| CITY-ST-ZIP    | Chattanooga, TN 37421  |   |
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Box, Keith             |   |
| STREET ADDRESS | 105 53rd St 32nd Floor |   |
| CITY-ST-ZIP    | New York, NY 10022     |   |
| TITLE          | Secretary              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Downs, Tom             |   |
| STREET ADDRESS | 6072 Shallowford Rd    |   |
| CITY-ST-ZIP    | Chattanooga TN 37421   |   |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Dimeling, William R    |   |
| STREET ADDRESS | 1629 Locust Street     |   |
| CITY-ST-ZIP    | Philadelphia, PA 19103 |   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                        |   |
| STREET ADDRESS |                        |   |
| CITY-ST-ZIP    |                        |   |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                        |   |
| STREET ADDRESS |                        |   |
| CITY-ST-ZIP    |                        |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CFO**

Date

Daytime Phone #

**Jan 24, 2001**

**423 954 2934**

CR2E034 (10/00)