

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76618

1. Entity Name

CAPLAN'S GREENHOUSE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90054 023 ***150.00

Principal Place of Business

2300 MAITLAND CENTER PKWY
SUITE 120
MAITLAND FL 32751
US

Mailing Address

2300 MAITLAND CENTER PKWY
SUITE 120
MAITLAND FL 32751-7410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2370458

Applied For

Not Applicable

Zip

Country

Zip

Country

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/O CAPLAN, WARREN R.
851 TRAFALGAR CT.
2301 MAITLAND CENTER, SUITE 124
MAITLAND FL 32751

Name

WARREN R CAPLAN

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

2301 MAITLAND CENTER PKWY

SUITE 124

City

MAITLAND

FL

Zip Code

32751

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

Warren R Caplan

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CAPLAN, WARREN R
2301 MAITLAND CENTER 124
MAITLAND FL 3275

☐ Delete

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

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☐ Change ☐ 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: *Warren R Caplan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

407-660-2511
Daytime Phone #

CR2E034 (9/99)