

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90112 011 \*\*\*150.00

**DOCUMENT # L48937**

1. Entity Name  
**GARDENS YOGURT INCORPORATED**



Principal Place of Business  
**3101 PGA BLVD**  
**SUITE #201**  
**PALM BEACH GARDENS FL 33410**  
**US**

Mailing Address  
**3101 PGA BLVD**  
**SUITE #201**  
**PALM BEACH GARDENS FL 33410**  
**US**



2. Principal Place of Business  
**642 Shore Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**642 Shore Road**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**North Palm Beach, FL**

City & State  
**North Palm Beach, FL**

4. FEI Number  
**65-0170301**

Applied For  
☐ Not Applicable

Zip  
**33408**

Country  
**USA**

Zip  
**33408**

Country  
**USA**

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

**GILLEN, JEFFREY DANA**  
**10338 HICKORY DRIVE**  
**PALM BEACH GARDENS FL 33418**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**642 Shore Road**  
City  
**North Palm Beach** **FL** Zip Code  
**33408**

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GILLEN, ALBERT J.** ☐ Delete  
**38 SUNSET CAY**  
**KEY LARGO FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**GILLEN, JEFFREY DANA** ☐ Delete  
**3101 PGA BLVD. #0201**  
**WEST PALM BEACH FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**642 Shore Road**  
**North Palm Beach, Florida 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**GILLEN, NANCY L** ☐ Delete  
**3101 PGA BLVD. #0201**  
**WEST PALM BEACH FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**642 Shore Road**  
**North Palm Beach, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 Chapter 607, 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: **NANCY L. GILLEN** **2-28-03** **561-841-0040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (10/02)