

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L94000000473

1. Entity Name

ENDLESS SUMMER LANDSCAPE NURSERY, L.C.

Principal Place of Business

Mailing Address

~~333333~~  
12351 Persimmon Blvd W.P.B FL 33411

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

65-0520929

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R. JOHN FRALLOSS  
12351 Persimmon Blvd  
Royal Palm Bch FL 33411

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. ~~MANAGING MEMBER~~ MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME R. JOHN FRALLOSS: MGR ☐ Delete  
STREET ADDRESS 12351 Persimmon Blvd  
CITY-ST-ZIP Royal Palm Bch FL 33411

TITLE NAME 800003292718-0 ☐ Change ☐ Addition  
STREET ADDRESS -06/15/00--01134--019  
CITY-ST-ZIP \*\*\*\*\*5.00 \*\*\*\*\*5.00

TITLE NAME ~~MEMBER~~ RONALD J FRALLOSS: MGR ☐ Delete  
STREET ADDRESS 12351 Persimmon Blvd  
CITY-ST-ZIP W.P.B FL 33411

TITLE NAME 800003292718-0 ☐ Change ☐ Addition  
STREET ADDRESS -06/15/00--01134--020  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ~~MEMBER~~ JOANNE FRALLOSS: MGR ☐ Delete  
STREET ADDRESS 230 R. dye Rd  
CITY-ST-ZIP FORT MYERS, NJ 0704

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/20/00 561-662-1790  
Date Daytime Phone #