

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000257

1. Entity Name  
FIRST GARDENS, L.C.

Principal Place of Business  
2461 SOUTH LAKE SUMMITT DRIVE  
WINTER HAVEN FL 33884

Mailing Address  
P.O. BOX 64  
CYPRESS GARDENS FL 33884-0064

FILED

00 JAN 12 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3311771

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, JOHN L  
105 SOUTH FLORIDA AVE.  
LAKELAND FL 33801

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM REYNOLDS, WILLIAM C  
STREET ADDRESS 259 HERNANDO ROAD S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003104163--2  
CITY-ST-ZIP -01/20/00--01037--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM KEHOE, JOHN R JR  
STREET ADDRESS 716 LOGAN LANE  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS

TITLE NAME MGRM LABUDA, GLENN E  
STREET ADDRESS 3440 LAKEVIEW DRIVE, SE  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS

TITLE NAME MGRM BRANCH, DEBORAH  
STREET ADDRESS 2112 EDGEWATER CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL ☒ Delete

TITLE NAME MGRM Dennis P. Buck  
STREET ADDRESS P.O. Box 72 N/A  
CITY-ST-ZIP Cypress Gardens FL 33884 ☐ Change ☐ Addition

TITLE NAME MGRM TRUPIANO, THOMAS J  
STREET ADDRESS 2107 JONATHAN LANE  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS

TITLE NAME MGRM CREEDON, SHARON L  
STREET ADDRESS 235 NASSAU RD, SE  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 25 Vago bond Lane  
CITY-ST-ZIP Winter Haven FL 33881

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

Date

Daytime Phone #

1/5/00

941-324-7111

228

CR2E083 (9/99)