

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001159

1. Entity Name

ANZ EXOTIC FLOWERS & FOLIAGE, L.C.

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

14802 CAPTIVA DRIVE  
CAPTIVA FL 33924

Mailing Address

P.O. BOX 433  
CAPTIVA FL 33924-0433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2105867

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

BOYLE, JAMES C  
14790 CAPTIVA DR.  
CAPTIVA FL 33924

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 MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BOYLE, JAMES C  
STREET ADDRESS 14790 CAPTIVA DRIVE  
CITY-ST-ZIP CAPTIVA FL 33924

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

TITLE MGRM ☐ Delete  
NAME BAINOR-BOYLE, FRANCES  
STREET ADDRESS 14790 CAPTIVA DR.  
CITY-ST-ZIP CAPTIVA FL 33924

TITLE ☐ Change ☐ Additor  
NAME 200003112472--8  
STREET ADDRESS -01/27/00--01023--022  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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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

1/07/00 (941) 395-0830  
Date Daytime Phone #