

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003247**

1. Entity Name

NATURE'S WAY LANDSCAPES OF NAPLES, L.L.C.

FILED

00 JAN 28 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

591 93RD AVENUE NORTH
NAPLES FL 34108

Mailing Address

591 93RD AVENUE NORTH
NAPLES FL 34108-2092



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5231 MAHOGANY

Suite, Apt. #, etc.

Ridge Dr

City & State

Naples, FL.

Zip

34119

Country

U.S.

3. Mailing Address

5231 MAHOGANY

Suite, Apt. #, etc.

Ridge Dr

City & State

Naples, FL.

Zip

34119

Country

U.S.

4. FEI Number

59-3580064

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, ROBERT R
591 93RD AVENUE NORTH
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name **Robert R. Hull**
Street Address (P.O. Box Number is Not Acceptable) **5231 MAHOGANY Ridge Dr**
City **Naples** FL Zip Code **34119**

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 **Robert R. Hull**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

-1-25-00

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VAN STONE, MONIKA B	
STREET ADDRESS	9155 GULFSHORE DRIVE, SUITE 602	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HULL, ROBERT R	
STREET ADDRESS	9155 GULFSHORE DRIVE, SUITE 602	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME	500003121155--5	
STREET ADDRESS	-02/02/00--01082--017	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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: **ROBERT R. HULL**

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

1-25-00

Date

941-253-6922

Daytime Phone #