

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90211 029 ****61.25

DOCUMENT # N00000005313

1. Entity Name

BOTANICAL GARDENS OF BONITA SPRINGS, INC.

Principal Place of Business

P.O. BOX 445
BONITA SPRINGS FL 34133

Mailing Address

P.O. BOX 445
BONITA SPRINGS FL 34133

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

59-3670460

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLEAN, DEBORAH M
27800 HAROLD STREET
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name
MARVE ANN ALAIMO
Street Address (P.O. Box Number is Not Acceptable)
CUMMINGS AND LOCKWOOD
24311 WALDEN CENTER DR. #201
City
BONITA SPRINGS, FL Zip Code
34134

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

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

MARVE ANN ALAIMO

01/30/2001
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBORAH M. MACLEAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY K. REYNOLDS <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DEBORAH M. MACLEAN P.O. BOX 445 BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D NANCY K. REYNOLDS 4501 N. TAMiami TRAIL #212 NAPLES, FLORIDA 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MARVE ANN ALAIMO 24311 WALDEN CENTER DR. #201 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Marve Ann Alaimo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)