2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005313

FILED
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02 MAY -6 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

BOTANICAL GARDENS OF BONITA SPRINGS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3126 BONITA SPRINGS FL 34133	P.O. BOX 3126 BONITA SPRINGS FL 34133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24850 Burnt Pine Dr #4	Post Office Box 3126
Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc.
City & State BONITA SPRINGS FL	City & State BONITA SPRINGS FL
Zip 34134 Country USA	Zip 34133 Country USA

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	7. Name and Address of New Registered Agent
~~Deborah M Maclean~~ Post Stephens Trudnak 3641 Bonita Bay Blvd Bonita Springs FL 34134	Name: Deborah M. MacLean Street Address (P.O. Box Number is Not Acceptable): 24950 Burnt Pine Drive Suite 4 City: Bonita Springs FL Zip Code: 34135

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: Deborah M MacLean CEO — 3/10/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ T MACLEAN, DEBORAH M PO BOX 445 BONITA SPRINGS FL 34133	☐ Delete	TITLE P(2) NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH TURLEY 235 KIRTLAND DRIVE NAPLES FL 34110	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, NANCY K 4501 N TAMIAMI TRAIL #212 NAPLES FL 34103	☒ Delete	TITLE See NAME STREET ADDRESS CITY-ST-ZIP	RON FAUSNIGHT 235 KIRTLAND DRIVE NAPLES FL 34110	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALAIMO, MARVE A 24311 WALDEN CENTER DR #201 BONITA SPRINGS FL 34134	☒ Delete	TITLE V.P. NAME STREET ADDRESS CITY-ST-ZIP	V. ALAIMO O'KEEFE 5705 HERON LANE NAPLES FL 34110	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.A.S.H., U-DAY-A, TRUSTEE 203 BAY FRONT Dr BONITA SP FL 34134	☐ Delete	TITLE Trs NAME STREET ADDRESS CITY-ST-ZIP	INA PLANT 27300 PATRICK ST BONITA SPRINGS FL 34135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TRE~~ DASH, IRA, TRUSTEE 203 BAY FRONT Dr BONITA SP FL 34134	☐ Delete	TITLE CTO NAME STREET ADDRESS CITY-ST-ZIP	Chief Technology Officer Zachary L. MacLean 8617 River Homes Lane #308 Bonita Springs FL 34135	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Deborah M MacLean CEO RED — 3/10/02 — 2399474834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #