

# ANNUAL REPORT (AR)

DOCUMENT # N08622

1. Entity Name

HEATHCOTE BOTANICAL GARDENS, INC.



**FILED**  
Jul 31 2007 08:00 AM  
Secretary of State

Principal Place of Business

210 SAVANNAH RD  
FORT PIERCE FL 34982

Mailing Address

210 SAVANNAH RD  
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2567218

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

FOWLER, MICHAEL D.  
1680 S.W. ST. LUCIE BLVD. WEST  
PORT SAINT LUCIE FL 34986

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
MOORE, GLORIA  
3315 N. INDIAN RIVER DR.  
FT. PIERCE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U00000770912  
07/31/07-80006-004 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ADAMS, CHRISTINA W  
420 S.E. NARANJA AVENUE  
PORT SAINT LUCIE FL 34983 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
LINLEY, PAT  
6501 SANTA ROSA PARKWAY  
FORT PIERCE FL 34951 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DSC  
RICE, JAMES A  
2521 N. INDIAN RIVER DRIVE  
FORT PIERCE FL 34946 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
GAINES, JAMES V  
3217 SE BRAEMAR WAY  
PORT SAINT LUCIE FL 34952 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gloria H. Moore TREASURER 7/23/07 172-464-467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
GLORIA H. MOORE