

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24339

1. Entity Name

LANDSCAPE MAINTENANCE ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90010 014 ****61.25

Principal Place of Business 1025 S SEMORAN BLVD SUITE 1093 WINTER PARK FL 32792-5511 US	Mailing Address 1025 S SEMORAN BLVD SUITE 1093 WINTER PARK FL 32792-5524 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 703 60th St. Ct. East Suite, Apt. #, etc. Suite K City & State Bradenton, FL Zip 34208 Country USA	3. Mailing Address 703 60th St. Ct. East Suite, Apt. #, etc. Suite K City & State Bradenton, FL Zip 34208 Country USA
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4. FEI Number 59-2864283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARULIC, MARY K 1025 S SEMORAN BLVD, SUITE 1093 906 S.E. 31ST TERRACE WINTER PARK FL 32792	7. Name and Address of New Registered Agent Name Christina L. Gibson Street Address (P.O. Box Number is Not Acceptable) 703 60th St. Ct. East Suite K City Bradenton FL Zip Code 34208
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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 C. Gibson DATE 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SPRYBERRY, KENNETH 1025 S SEMORAN BLVD #1093 WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Executive Director - D Christina L. Gibson 703 60th St. Ct. East, Suite K Bradenton, FL 34208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HOLLE, GREG 3045 LOWN ST NORTH ST PETERSBURG FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP LEWIS, TIM 6TH AVE WEST PALMETTO FL 4221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WISE, RON 3199 CUMBERLAND DR. WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S WALTHER, PATRICIA 1010 HUNTINGTON CT LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T HENDERSON, MAUREEN 4709 STURBRIDGE CIRCLE ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete	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: Vice President 4-28-00 729-7413
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)