

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90224 021 \*\*\*\*61.25

**DOCUMENT # N24339**

1. Entity Name

**LANDSCAPE MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business

703 60TH STREET CT EAST  
 STE K  
 BRADENTON FL 34208  
 US

Mailing Address

703 60TH STREET CT EAST  
 STE K  
 BRADENTON FL 34208  
 US

2. Principal Place of Business

5623 Whispering Woods DR. P.O. Box 2035

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pace, Florida

City & State

Pace, Florida

4. FEI Number

59-2864283

Applied For

Not Applicable

Zip

Country

Santa Rosa

Zip

Country

Santa Rosa

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CHRISTINA L  
 703 60TH STREET CT EAST  
 STE K  
 BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

Kim Konczal

Street Address (P.O. Box Number is Not Acceptable)

5623 Whispering Woods Dr.

City

Pace

FL

Zip Code  
 32571

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

*Kim Konczal*

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

(NOTE: Registered Agent signature required when reinstating)

3-27-01

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

TITLE **D** ☒ Delete  
 NAME **SPRYBERRY, KENNETH**  
 STREET ADDRESS **1025 S SEMORAN BLVD #1093**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **P** ☐ Delete  
 NAME **HOLLE, GREG**  
 STREET ADDRESS **3045 LOWN ST NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **VP** ☒ Delete  
 NAME **LEWIS, TIM**  
 STREET ADDRESS **6TH AVE WEST**  
 CITY-ST-ZIP **PALMETTO FL 4221**

TITLE **D** ☒ Delete  
 NAME **WISE, RON**  
 STREET ADDRESS **3199 CUMBERLAND DR.**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **S** ☒ Delete  
 NAME **WALTHER, PATRICIA**  
 STREET ADDRESS **1010 HUNTINGTON CT**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **T** ☒ Delete  
 NAME **HENDERSON, MAUREEN**  
 STREET ADDRESS **4709 STURBRIDGE CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32812**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
 NAME **Konczal, Kim**  
 STREET ADDRESS **5623 Whispering Woods Dr.**  
 CITY-ST-ZIP **Pace, FL 32571**

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

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Henderson, Maureen**  
 STREET ADDRESS **4709 Sturbridge Cr.**  
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Wilhelm, WMichael**  
 STREET ADDRESS **1585 Shadow Ridge Cr.**  
 CITY-ST-ZIP **Sarasota, FL 34240**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Donnelly, Michael**  
 STREET ADDRESS **5845 SW 29th Terrace**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Burish, Tom**  
 STREET ADDRESS **10508-A East SR 64**  
 CITY-ST-ZIP **Bradenton, FL 34202**

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:

*Kim Konczal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01 850-995-1367

Date

Daytime Phone #

CR2E037 (10/00)