

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90702 019 \*\*\*\*61.25

**DOCUMENT # N24339**

1. Entity Name

**LANDSCAPE MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5623 WHISPERING WOODS DRIVE  
 PACE FL 32571  
 US

PO BOX 2035  
 PACE FL 32571  
 US

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

**59-2864283**

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

**KONCZAL, KIM**  
**5623 WHISPERING WOODS DRIVE**  
**MILTON FL 32571**

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.

SIGNATURE

*Kim Konczal* **Kim Konczal**

**2-23-02**

Signature, typed or printed name of registered agent and fee 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**

**#3008**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **KONCZAL, KIM**  
 STREET ADDRESS **5623 WHISPERING WOODS DRIVE**  
 CITY-ST-ZIP **PACE FL 32571**

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

TITLE **VP** ☐ Delete  
 NAME **HENDERSON, MAUREEN**  
 STREET ADDRESS **4709 STURBRIDGE CR**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **S** ☐ Delete  
 NAME **WILHELM, MICHAEL**  
 STREET ADDRESS **1585 SHADOW RIDGE CR**  
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **T** ☐ Delete  
 NAME **DONNELLY, MICHAEL**  
 STREET ADDRESS **5845 SOUTHWEST 29TH TERRACE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete  
 NAME **BURISH, TOM**  
 STREET ADDRESS **10508-A EAST SR 64**  
 CITY-ST-ZIP **BRADENTON FL 34202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Michael Wilhelm* **Michael Wilhelm**

**2/23/02**

**850-994-3181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)