

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90545 034 \*\*\*\*61.25

**DOCUMENT # N24339**

1. Entity Name

**LANDSCAPE MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business

**5623 WHISPERING WOODS DRIVE  
PACE FL 32571  
US**

Mailing Address

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

SIGNATURE

*Kim Konczal* **Kim Konczal**

**4-20-03**

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  
Florida Department of State**

**#3076 61.25 Ad.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>KONCZAL, KIM</b>                |                                 |
| STREET ADDRESS | <b>5623 WHISPERING WOODS DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>PACE FL 32571</b>               |                                 |
| TITLE          | <b>P</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>HOLLE, GREG</b>                 |                                 |
| STREET ADDRESS | <b>3045 LOWN ST NORTH</b>          |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33713</b>      |                                 |
| TITLE          | <b>VP</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>HENDERSON, MAUREEN</b>          |                                 |
| STREET ADDRESS | <b>4709 STURBRIDGE CR</b>          |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32812</b>            |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>WILHELM, MICHAEL</b>            |                                 |
| STREET ADDRESS | <b>1585 SHADOW RIDGE CR</b>        |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34240</b>           |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>DONNELLY, MICHAEL</b>           |                                 |
| STREET ADDRESS | <b>5845 SOUTHWEST 29TH TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33312</b>    |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>BURISH, TOM</b>                 |                                 |
| STREET ADDRESS | <b>10508-A EAST SR 64</b>          |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34202</b>          |                                 |

|                |           |  |
|----------------|-----------|--|
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          | <b>PP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          | <b>P</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> 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 recorder 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 Donnelly* **Michael Donnelly** **4-20-03**

CR2E037 (10/02)