

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

2/1

02-10-2003 90156 033 ***61.25

DOCUMENT # N94000000650

1. Entity Name
LAVENDER MAGIC, INC.



Principal Place of Business
**PO BOX 5932
GAINESVILLE FL 32627**

Mailing Address
**PO BOX 5932
GAINESVILLE FL 32627**



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 **59-3224797**

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

**SAPP, GLORIA K
P.O. BOX 394
5050 S.E. 135 STREET
STARKE FL 32091**

Name **SHARON BALDINELLI**
Street Address (P.O. Box Number is Not Acceptable)
5217 NW 33RD PL
City **GAINESVILLE** FL Zip Code **32606**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/03

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPP, GLORIA 5050 S.E. 135 STREET STARKE FL 32091	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESER, CARLA 4430 NW 34 TERRANCE GAINESVILLE FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEARCY, JENNY 5050 SE 135 STREET STARKE FL 32091	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALDINELLI, SHARON 6929 W UNIVERSITY AVENUE GAINESVILLE FL 32601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDA LAMME 10254 S.W. 55TH Lane Gainesville, FL 32608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDY WALTERS 10820 NW 31 PLACE GAINESVILLE, FL 32606	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARON BALDINELLI PO BOX 2492 (5217 NW 33RD PL) 32606 GAINESVILLE, FL 32602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin A. Strine Sellers 2223 SW 3RD PL. 15C Gainesville, FL 32608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dotty Fairley 505 NW 33RD St. Gainesville FL 32601	☐ Change ☒ Addition
TITLE 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)(f), 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:

Sharon Baldinelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03
Date

352 265 0680
x42331
Daytime Phone #

CR2E037 (10/02)