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

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

02-10-2003 90156 033 ****61.25

DOCUMENT # N94000000650

1. Entity Name
LAVENDER MAGIC, INC.

Principal Place of Business	Mailing Address
PO BOX 5932 GAINESVILLE FL 32627	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

☒ CHECK HERE IF MAKING CHANGES

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: 326006

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 B Baldinelli — 2/7/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	SAPP, GLORIA	NAME	LINDA LAMME
STREET ADDRESS	5050 S.E. 135 STREET	STREET ADDRESS	10254 S.W. 55TH Lane
CITY-ST-ZIP	STARKE FL 32091	CITY-ST-ZIP	Gainesville, FL 32608
TITLE	TD ☐ Delete	TITLE	VD ☐ Change ☒ Addition
NAME	WIESER, CARLA	NAME	MANDY WALTERS
STREET ADDRESS	4430 NW 34 TERRANCE	STREET ADDRESS	10820 NW 31 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	SEARCY, JENNY	NAME	SHARON BALDINELLI
STREET ADDRESS	5050 SE 135 STREET	STREET ADDRESS	PO Box 2492 (5217 NW 33rd PL) 32606
CITY-ST-ZIP	STARKE FL 32091	CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	SD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	BALDINELLI, SHARON	NAME	Robin L. Strine Sellow
STREET ADDRESS	6929 W UNIVERSITY AVENUE	STREET ADDRESS	2323 SW 3rd PL. #5C
CITY-ST-ZIP	GAINESVILLE FL 32601	CITY-ST-ZIP	Gainesville, FL 32608
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	Dotty Faidley
STREET ADDRESS		STREET ADDRESS	505 NW 3rd St.
CITY-ST-ZIP		CITY-ST-ZIP	Gainesville, FL 32601
TITLE	☐ Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 B Baldinelli — 2/7/03 — 352 265 0680 x42331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #