

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001382

1. Entity Name

BACK TO THE GARDEN, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90012 034 ****61.25

Principal Place of Business
2826 S BAY ST
EUSTIS FL 32726
US

Mailing Address
PO BOX 1844
MOUNT DORA FL 32756-1844
US

2. Principal Place of Business
925 N. Central Ave.
Suite, Apt. #, etc.
City & State
Umatilla, FL
Zip
32784
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3323502
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OSBORNE, DIANNE
2826 S BAY ST
EUSTIS FL 32726

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
925 N. Central Ave.
City
Umatilla, FL FL Zip Code
32784

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Dianne Osborne
Dianne Osborne
5-1-00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSBORNE, DIANNE I		NAME		
STREET ADDRESS	41329 SILVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSBORNE, JOHN W		NAME		
STREET ADDRESS	41329 SILVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENFIELD, KATHLEEN H		NAME		
STREET ADDRESS	23745 BRANDI KALA LANE		STREET ADDRESS		
CITY-ST-ZIP	HOWEY FL 34737		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 line empowered.

SIGNATURE: DIANNE OSBORNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/1/00
-352-
669-4740
Date
Daytime Phone #

CR2E037 (9/99)