

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003626

1. Entity Name

REDLAND TROPICAL GARDENS AND BOTANICAL FOUNDATIO

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90067 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

CAULEY SQUARE  
22400 OLD DIXIE  
GOULDS FL 33092  
US

P.O BOX 924785  
HOMESTEAD FL 33092-4785  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0655603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUSTER, MARGI  
24050 SW 162ND AVENUE  
HOMESTEAD FL 33031

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

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BUSTER, MARGI  
CITY-ST-ZIP 24050 SW 162ND AVENUE  
HOMESTEAD FL 33031

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PEARSON, STEPHEN D  
CITY-ST-ZIP 7895 SW 131 ST  
MIAMI FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STUART, LARRY  
CITY-ST-ZIP 1201 N LIBERTY AVE., #B  
HOMESTEAD FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Stuart, Larry  
CITY-ST-ZIP 2309 Park Lane Apt 202  
Hollywood, FL 33021

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOBSON, BILL  
CITY-ST-ZIP 1015 DOVE AVENUE  
MIAMI SPRINGS FL 33168-3206

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)