

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000002802****1. Entity Name**

WINDERMERE BOTANICAL GARDEN, INC.

Principal Place of Business

11947 LAKE BUTLER BLVD

WINDERMERE
34786

FL

Mailing Address

P O BOX 1818

WINDERMERE
34786

FL

2. Principal Place of Business

8815 CONROY WINDERMERE RD.

3. Mailing Address

8815 CONROY WINDERMERE RD.

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3511108****Applied For**

Not Applicable

Zip

32835

Country**Zip**

32835

Country**5. Certificate of Status Desired****\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**AZZOUZ KEVIN H
12326 PARK AVEWINDERMERE FL
34786**7. Name and Address of New Registered Agent**Name
AZZOUZ KEVIN HStreet Address (P.O. Box Number is Not Acceptable)
8815 CONROY WINDERMERE RD.

130

City
ORLANDO FL Zip Code
32835**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 _____ **04/26/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER THADDEUS M	
STREET ADDRESS	2582 SOUTH MAGUIRE ROAD #382	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	AZZOUZ SABRINA M	
STREET ADDRESS	12326 PARK AVENUE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	AZZOUZ KEVIN H	
STREET ADDRESS	2582 SOUTH MAGUIRE ROAD #382	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER THADDEUS M	
STREET ADDRESS	12253 PARK AVENUE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZZOUZ KEVIN H	
STREET ADDRESS	12326 PARK AVENUE	
CITY-ST-ZIP	WINDERMERE FL 34786	
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		
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)(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: Sabrina M. Azzouz

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)