

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 042 *****61.25

DOCUMENT # N98000005462

1. Entity Name

TARU GARDENS, INC.



Principal Place of Business

**14 SO. SWINTON AVE.
DELRAY BEACH FL 33444
US**

Mailing Address

**14 SO. SWINTON AVE.
DELRAY BEACH FL 33444
US**

60018609



2. Principal Place of Business

255 NR 6TH AVE

3. Mailing Address

255 NR 6TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number **52-2128954**

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITHER, ROBERT M JR.
14 SO. SWINTON AVE.
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **WINTZER, WILLIAM R.**

Street Address (P.O. Box Number is Not Acceptable)

255 NR 6TH AVE

City

DELRAY BEACH

FL

Zip Code

33483

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

William R. Wintzer

WILLIAM R. WINTZER AH

4/14/03

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 **D/P** ☐ Delete
NAME **GOODYEAR, KIM**
STREET ADDRESS **125 LA POSTA RD**
CITY-ST-ZIP **TAOS NM 87571**

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

TITLE **VTD** ☒ Delete
NAME **SMITHER, ROBERT M JR**
STREET ADDRESS **14 S SWINTON AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **PD** ☐ Delete
NAME **WINTZER, WILLIAM R**
STREET ADDRESS **14 S SWINTON AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **DA/T** ☒ Change ☐ Addition
NAME **WINTZER, WILLIAM R**
STREET ADDRESS **255 NR 6TH AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **USD** ☐ Change ☒ Addition
NAME **SAN MARTIN, MARZA**
STREET ADDRESS **255 NR 6TH AVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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: **WILLIAM R. WINTZER 4/14/03 (561) 243-2400**

CR2E037 (10/02)