

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006246

1. Entity Name

TRANSITIONAL GARDENS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90005 046 ****61.25

Principal Place of Business Mailing Address
3206 CHAPEL HILL BLVD 3206 CHAPEL HILL BLVD
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435-8156

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0858246

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

MOUSHEY, JEAN A
61 MAYFAIR LANE
BOYNTON BEACH FL 33462

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	D	<input type="checkbox"/> Delete
NAME	SHERRICK, DEBBIE	
STREET ADDRESS	3525 PANDORA AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAGO, THERESA	
STREET ADDRESS	3206 CHAPEL HILL BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUSHEY, JEAN A	
STREET ADDRESS	61 MAYFAIR LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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)(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:

Theresa Lago V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00 561-582-1800

CR2E037 (9/99)