

2001 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-07-2001 90148 036 ***150.00

DOCUMENT # P00000012236

1. Entity Name

FRANCISCAN GARDENS LANDSCAPING MAINTENANCE INC.

Principal Place of Business

**840 JUNB BLVD. WEST
NAPLES FL 34120**

Mailing Address

**840 JUNB BLVD. WEST
NAPLES FL 34120**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0986588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOELLER, MICHAEL R
840 JUNB BLVD. WEST
NAPLES FL 34120**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: **VP** ☐ Delete
NAME: **SCHOELLER, MONICA R**
STREET ADDRESS: **840 JUNB BLVD. WEST**
CITY-ST-ZIP: **NAPLES FL 34120**

TITLE: **P** ☐ Delete
NAME: **SCHOELLER, MICHAEL R**
STREET ADDRESS: **840 JUNB BLVD. WEST**
CITY-ST-ZIP: **NAPLES FL 34120**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, which is otherwise empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2001

Date

941 772 4803

Daytime Phone #

CR2E034 (10/00)