

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066113

1. Entity Name

THE LAWNERY OF TALLAHASSEE, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90185 046 ***150.00

Principal Place of Business

818 WENONGA CT
TALLAHASSEE FL 32311

Mailing Address

818 WENONGA CT
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

P.O. Box 37351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FL

Zip

Country

Zip

Country

32315 U.S.

4. FEI Number

59-365 8235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, LEE R
818 WENONGA CT
TALLAHASSEE FL 32311

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
ROBERT ADAMS
647 PRISTON STREET
TALLAHASSEE, FL 32303

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
BONITA HAMPTON
818 WENONGA
TALLAHASSEE, FL 32311

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Lee R Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

Daytime Phone #

CR2E034 (10/00)