9/12/01-90032-039-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 4:21

DOCUMENT # P00000083018

1. Entity Name
THE SECRET GARDEN OF HERNANDO COUNTY, INC.

Principal Place of Business	Mailing Address
7192 DAVENPORT LANE SPRING HILL FL 34606	7192 DAVENPORT LANE SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 KEYE DRIVE	3300 KEYE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL FL	City & State: SPRING HILL FL
Zip: 34606 Country:	Zip: 34606 Country:

4. FEI Number: 59-3668072 ☐ Applied For ☐ Not Applicable

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
SCHOCH, JOANNE 7192 DAVENPORT LANE SPRING HILL FL 34606	Name: DARRYL JOHNSTON Street Address (P.O. Box Number is Not Acceptable): 29 SO. BROOKSVILLE AVE. City: BROOKSVILLE 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: _____ DATE: 9/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOCH, JOANNE 7192 DAVENPORT LANE SPRING HILL FL 34606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, ROBERT 6220 INDIA DRIVE SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, CATHARINE 6220 INDIA DRIVE SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED R. SIMMONS 9/4/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date