

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90057 033 ***150.00

DOCUMENT # P00000083018
1. Entity Name
THE SECRET GARDEN OF HERNANDO COUNTY, INC.

Principal Place of Business
8300 KEYE DRIVE
SPRING HILL FL 34606

Mailing Address
8300 KEYE DRIVE
SPRING HILL FL 34606

2. Principal Place of Business
3300 KEYE DRIVE

3. Mailing Address
3300 KEYE DRIVE

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JOHNSTON, DARRYL
29 SO. BROOKSVILLE AVE
BROOKSVILLE FL

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 _____ **DATE** _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **SIMMONS, ROBERT**
STREET ADDRESS **6220 INDIA DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **D** ☐ **Delete**
NAME **SIMMONS, CATHARINE**
STREET ADDRESS **6220 INDIA DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

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

TITLE ☐ **Change** ☐ **Addition**
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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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2002 352 688 1731
 Date Daytime Phone #

CR2E034 (9/01)