

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 042 ***150.00

DOCUMENT # **PO1000018484** ✓

1. Entity Name

NATURE'S GALLERY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 N. HWY 27

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLERMONT FL

City & State

4. FEI Number

59-3700128

Applied For

Not Applicable

Zip

34711

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **JULIA R. LAW**

Street Address (P.O. Box Number is Not Acceptable)

250 S. MAIN ST.

City **GROVELAND**

FL

Zip Code

34726

**DO NOT WRITE
IN THIS SPACE**

B. 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P**
NAME **THOMAS E. WHITE**
STREET ADDRESS **17429 CORBBLESTONE LANE**
CITY- ST- ZIP **CLERMONT FL 34711**

TITLE **V.P.**
NAME **JACKIE S. GORDON**
STREET ADDRESS **9956 LAKE LOUISA RD.**
CITY- ST- ZIP **CLERMONT FL 34711**

TITLE **T/S**
NAME **BRENDA J. GREENE**
STREET ADDRESS **10039 LAKE LOUISA RD.**
CITY- ST- ZIP **CLERMONT 34711**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 352-246-6434

Date

Daytime Phone #

THOMAS E. WHITE

CR2E034B (12/01)