

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075470

1. Entity Name
FLORIDA NATURE GALLERY, INC.

Principal Place of Business
**4800 E. SILVER SPRINGS BLVD.
OCALA FL 34470**

Mailing Address
**4800 E. SILVER SPRINGS BLVD.
OCALA FL 34470**

2. Principal Place of Business
7048 MIDWAY TERRACE

3. Mailing Address
P.O. Box 8

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.

City & State
OCALA, FLORIDA

City & State
SILVER SPRINGS, FLORIDA

Zip
34472

Country
MARION

Zip
34489

Country
MARION

4. FEI Number **59-3211807**

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

**MAYER, RAYMOND G
4800 E SILVER SPRINGS BLVD.
OCALA FL 34470**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYER, RAYMOND G 1043 NE 12TH ST OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYER, TROY C 6950 NE 6TH PL OCALA FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/01** Daytime Phone # **352 236 4800**

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90324 018 ***150.00

902033



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)