

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

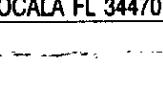
V
MAYER, TROY C
6950 NE 6TH PL
OCALA FL 34470

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CITY-ST-ZIP

Change Addition

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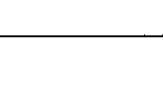


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Change Addition

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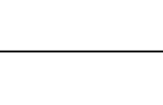


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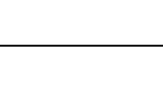


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Change Addition

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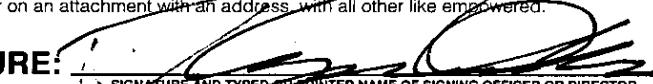


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Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 352 236 4800

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)