

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064291

1. Entity Name

GREEN EARTH GARDEN CENTER, INCORPORATED

Principal Place of Business

5175 ENGLEWOOD ROAD  
VENICE FL 34293

Mailing Address

5175 ENGLEWOOD ROAD  
VENICE FL 34293  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LISCH, ERNIE C  
3011 MANATEE AVENUE WEST  
BRADENTON FL 34205

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

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SIMON, JEANETTE S  
CITY-ST-ZIP 708 SANCHEZ  
NORTH PORT FL 34287

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SIMON, WILLIAM J  
CITY-ST-ZIP 708 SANCHEZ  
NORTH PORT FL 34287

TITLE ☐ Delete  
NAME EVP  
STREET ADDRESS SIMON, MICHAEL J  
CITY-ST-ZIP 3857 WOODMERE PARK BLVD.  
VENICE FL 34293

TITLE ☐ Delete  
NAME S  
STREET ADDRESS SIMON, JOHN M  
CITY-ST-ZIP 50 CORNELL ROAD  
VENICE FL 34293

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS SIMON, THOMAS M  
CITY-ST-ZIP 4970 KENT ROAD  
VENICE FL 34293

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM J. SIMON 4-16-01 941-493-1293

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90029 002 \*\*\*150.00

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3264321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)