

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90183 013 \*\*\*150.00

NR50908 AV

**DOCUMENT # P95000066580**

1. Entity Name  
**GARDENS OF MERITT, INC.**

Principal Place of Business

~~5601 SEMINOLE BLVD.~~  
**SEMINOLE FL 33772,**  
**US**

Mailing Address

~~5601 SEMINOLE BLVD.~~  
~~SEMINOLE FL 33772~~

2. Principal Place of Business

**11801 68th Ave. N**  
 Suite, Apt. #, etc.

3. Mailing Address

**11801 68th Ave N**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SEMINOLE FL**

City & State

**SEMINOLE FL**

4. FEI Number

**59-3333042**

Applied For

Not Applicable

Zip

**33772**

Country

**USA**

Zip

**33772**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MERITT, DONALD W**  
~~5601 SEMINOLE BLVD.~~  
**SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name

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

**11801 68th Ave N**

City

**SEMINOLE**

FL

Zip Code

**33772**

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

**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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VT**  
**LACHER, CARL J**  
**11801 68TH AVENUE, NORTH**  
**SEMINOLE FL**

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PS**  
**MERITT, DONALD W**  
**11801 68TH AVENUE, NORTH**  
**SEMINOLE FL**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

**DONALD W. MERITT 2-9-02 727-391-0176**

CFR2E034 (9/01)