

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90181 040 ***150.00

DOCUMENT # P96000052909

1. Entity Name

MCKENDREE GREENS LANDSCAPING, INC.

Principal Place of Business

1740 CALUMET STREET
 CLEARWATER FL 33765
 US

Mailing Address

1740 CALUMET STREET
 CLEARWATER FL 33765-1137
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3386559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEATING, ROBERT
1740 CALUMET STREET
CLEARWATER FL 33765

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, 2000 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 | DT | <input type="checkbox"/> Delete |
| NAME | ROSEN, JACK | |
| STREET ADDRESS | 353 MANITOU DR | |
| CITY-ST-ZIP | KITCHENER, ONTARIO, CANADA CA N2G-3P3 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | ROSE, WAYNE | |
| STREET ADDRESS | 1740 CALUMET ST | |
| CITY-ST-ZIP | CLEARWATER FL 33765 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | KEATING, ROBERT | |
| STREET ADDRESS | 1740 CALUMET ST | |
| CITY-ST-ZIP | CLEARWATER FL 33765 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert Keating
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KEATING

4-27-00

(27) 443-2090

Date

Daytime Phone #

CR2E034 (9/99)