

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010039

1. Entity Name

THE GILDED FERN, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90069 030 ***150.00

Principal Place of Business

9948 OLD BAYMEADOWS
JACKSONVILLE FL 32256
US

Mailing Address

9948 OLD BAYMEADOWS RD
JACKSONVILLE FL 32256-8103
US

2. Principal Place of Business

3. Mailing Address

4790 PRAYER DR SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32217 USA

4. FEI Number

59-3424897

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

SEGALL, FRANCINE R. F
4790 PRAYER DRIVE SOUTH
JACKSONVILLE FL 32217

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SEGALL, FRANCINE R. F 4790 PRAYER DRIVE SOUTH JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Francine R. Segall

Date

Daytime Phone #

CR2E034 (9/99)