

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90173 028 ***150.00

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DOCUMENT # P97000010039

1. Entity Name
THE GILDED FERN, INC.

Principal Place of Business
9948 OLD BAYMEADOWS Rd.
JACKSONVILLE FL 32256
US

Mailing Address
4790 PRAVER DR S
JACKSONVILLE FL 32217
US

00034873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3424897**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **NO**

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGALL, FRANCINE R. Fern
4790 PRAVER 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 *Francine R. Fern Segall*
 Signature, typed or printed name of registered agent and title if applicable.

April 7, 2001
 DATE *Feb 1, 2001* (73)

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
PSTD
SEGALL, FRANCINE R. Fern
4790 PRAVER DRIVE SOUTH
JACKSONVILLE FL 32217

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ 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 term expires in 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 if changed, or on an attachment with an address, with all other powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)