

2000 UNIFORM BUSINESS REPORT (UBR)

0055860

DOCUMENT # P97000070252

1. Entity Name

FLETCHER HERB GROUP, INC.

FILED

00 APR 27 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2233 PARROT LANE
TALLAHASSEE FL 32303

2233 PARROT LANE
TALLAHASSEE FL 32303-3374

2. Principal Place of Business

3. Mailing Address

3495-5 Thomasville Rd 3495-5 Thomasville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

59-3380437

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

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

DYER, MACALL
2233 PARROT LANE
TALLAHASSEE FL 32303

Name

Adrian C Fletcher

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

3495-5 Thomasville Road

City

Tallahassee

FL

Zip Code

32308

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 Adrian C Fletcher, Adrian C. Fletcher

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 PD ☒ Delete
NAME DYER, MACALL
STREET ADDRESS 2233 PARROT LANE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME 200003245112
STREET ADDRESS -05/09/00--01105--026
CITY-ST-ZIP *****450.00 *****150.00

TITLE PD ☐ Delete
NAME Fletcher, Adrian C.
STREET ADDRESS 3495-5 Thomasville Rd
CITY-ST-ZIP Tallahassee FL 32308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Adrian C Fletcher Adrian C Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

850 980 2121

Daytime Phone #

CR2E034 (9/99)