

# 2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P97000071702

1. Entity Name

NATURAL SYSTEMS MANAGEMENT, INC.

FILED

00 JUN 28 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1876 E RD  
LOXAHATCHEE FL 33470  
US

Mailing Address

P O BOX 476  
LOXAHATCHEE FL 33470-0476  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0795664

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

PARRISH, BRUCE W JR.  
105 S. NARCISSUS AVE.  
SUITE 701  
WEST PALM BEACH FL 33401

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 ☐ Delete  
NAME D  
STREET ADDRESS GOLTZENE, IRENE  
CITY-ST-ZIP P.O. BOX 476  
LOXAHATCHEE FL 33470

TITLE ☐ Change ☐ Addition  
NAME 100003314151--5  
STREET ADDRESS -07/06/00--01004--010  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GOLDASICH, SHARON  
CITY-ST-ZIP NEPTUNE STREET  
BOCA RATON FL 33435

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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, trustee, or empowered person 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S.M. Friedman VP/CEO

361-798-4444

CR2E034 (9/99)

2062

# **EnviroGlades, Inc.**

**P.O. Box 476  
Loxahatchee, Florida 33471**

**Phone: (561) 798-4995  
Fax : (561) 793-6708**

**June 19, 2000**

**Divisions of Corporations  
Uniform business report filings  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attn: Leslie Sellers**

*Attachment  
P97000071702*

**Dear Ms. Sellers,**

**Per our conversation of last week, I am forwarding to you copies of our filings (6) that have been obviously lost, with new checks.**

**You stated that you would accept these as being filed before May 1, 2000.**

**Thank you for your cooperation,**

**S.M. Friedman  
Chief Financial Officer**