

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027985

1. Entity Name

GARDEN LANE OF FLORIDA, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90022 012 ***550.00

Principal Place of Business

9715 HWY 92 EAST
TAMPA FL 33610

Mailing Address

P.O. BOX 311572
TAMPA FL 33608

2. Principal Place of Business

9402 HWY 92 EAST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City & State

TAMPA FL

4. FEI Number

59-3504143

Applied For

Not Applicable

Zip

Country

Zip

Country

33610

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THACKER, RICKY L
791 WEST LUMSDEN ROAD
BRANDON FL 33511

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME ATHEY, PRESTON W JR.
STREET ADDRESS 317 KENMORE ROAD
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ Delete
NAME ATHEY, SCOTT G
STREET ADDRESS 1103 LADY GUINEVERE DR
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Preston W. Athey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00

Date

813-630-4040

Daytime Phone #

CR2E034 (5/00)