

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037678

1. Entity Name

DESIGNER MULCH, INC.

Principal Place of Business

Mailing Address

~~829 BENOIST FARMS RD~~
~~WEST PALM BEACH FL 33411~~
US

P.O. BOX 670276
CORAL SPRINGS FL 33067-0005
US

2. Principal Place of Business

3730 COCONUT CREEK PKWY

3. Mailing Address

Suite, Apt. #, etc.

100

CITY & STATE
COCONUT CREEK FL

Suite, Apt. #, etc.

Zip
33067

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEON, FRANCISCO	
STREET ADDRESS	2971 SE TAILWINDS RD	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
NAME	TOM J. FATJO, JR	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D/P	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
NAME	JEROME M. KRUSZKA	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D/V/T	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
NAME	TOM J. FATJO, III	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	V	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
NAME	CHARLES A. CASALINOVA	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	V	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>
NAME	MICHAEL L. PAXTON	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. EDWARD MENDER	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM J. FATJO, JR	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME M. KRUSZKA	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM J. FATJO, III	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES A. CASALINOVA	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL L. PAXTON	
STREET ADDRESS	ONE RIVERWAY, SUITE 1400	
CITY-ST-ZIP	HOUSTON TX 77056	

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:

J. EDWARD MENDER

01/07/00 713-572-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90020 003 ***150.00

80022698



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0830906

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

CR2E034 (9/99)