

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90114 007 \*\*\*150.00

**DOCUMENT # P98000037791**

1. Entity Name

~~NAPLES LANDSCAPE MAINTENANCE DIVISION, INC.~~

*Greentree Landscape Maintenance, Inc.*

Principal Place of Business

Mailing Address

1070 INDUSTRIAL BLVD.  
 NAPLES FL 34104

1070 INDUSTRIAL BLVD.  
 NAPLES FL 34104-3621

2. Principal Place of Business

3. Mailing Address

*7060 Isle of Capri Rd*

*PO Box 110488*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Naples FL*

City & State

*Naples FL*

4. FEI Number

**59-3507882**

Applied For

Not Applicable

Zip

*34114*

Country

*Collier*

Zip

*34108*

Country

*Collier*

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

**MOORE, ARTHUR**  
**50 24TH AVE. NW**  
**NAPLES FL 34120**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, ARTHUR</b>	
STREET ADDRESS	<b>50 24TH AVE. NW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, LARA</b>	
STREET ADDRESS	<b>50 24TH AVE. NW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*S. Arthur Moore* **ARTHUR MOORE**

Date

*4/20/00* **4/20/00**

Daytime Phone #

*(941) 290-7514* **(941) 290-7514**

CR2E034 (9/99)