

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077826

1. Entity Name

TIMBERLINE LANDSCAPE MANAGEMENT, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90096 017 ***158.75

Principal Place of Business

Mailing Address

5910 S 16TH AVE
TAMPA FL 33619
US

P.O. BOX 1350
VALRICO FL 33595-1350
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534138

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STROUSE, JEFFREY B
200 NORTH PIERCE STREET SUITE 1A
TAMPA FL 33602

Name **PATRICK A. STRICKLAND**

Street Address (P.O. Box Number is Not Acceptable)
1805 DOVEFIELD PLACE

City **BRANDON**

FL

Zip Code **33510**

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

Patrick A. Strickland

3/21/00

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 **PRESIDENT** ☐ Delete

NAME **STRICKLAND, PATRICK A**
STREET ADDRESS **PO BOX 1350**
CITY-ST-ZIP **VALRICO FL 33595-1350**

TITLE **VICE PRESIDENT** ☐ Delete

NAME **GAINES, LORIN N**
STREET ADDRESS **PO BOX 1350**
CITY-ST-ZIP **VALRICO FL 33595-1350**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Patrick A. Strickland **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

(813) 622-6323

Daytime Phone #

CR2F034 (9/99)