

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000025462**

1. Entity Name

SOUTHERN TRADITION LANDSCAPE CONTRACTING, INC.

Principal Place of Business

**279 SOUTHWINDS DR.
SANIBEL FL 33957**

Mailing Address

**279 SOUTHWINDS DR.
SANIBEL FL 33957**

2. Principal Place of Business

11595 Kelley Road

3. Mailing Address

8750-11 Gladiolus

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

220

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33908

Country

Lee

Zip

33908

Country

Lee

6. Name and Address of Current Registered Agent

**BLAUVELT, WILLIAM B
279 SOUTHWINDS DR.
SANIBEL FL 33957**

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

2/8/019. 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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BLAUVELT, WILLIAM B	
STREET ADDRESS	279 SOUTHWINDS DR.	
CITY-ST-ZIP	SANIBEL FL 33957	

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Blauvelt	
STREET ADDRESS	2722 SE 8th Place	
CITY-ST-ZIP	Cape Coral, FL 33904	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James L Stevens	
STREET ADDRESS	4078 Coquina	
CITY-ST-ZIP	Sanibel, FL 33957	

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

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

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

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

Date

Daytime Phone #

**FILED
Feb 13, 2001 8:00 am
Secretary of State**

02-13-2001 90575 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** ☐ Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (10/00)