

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-08-2000 90007 034 ***550.00

DOCUMENT # P99000029747

1. Entity Name

TEDDER'S SUNK IN GARDENS, INC.

Principal Place of Business

4775 HIGHWAY 11
 DELEON SPRINGS FL 32130

Mailing Address

4775 HIGHWAY 11
 DELEON SPRINGS FL 32130

2. Principal Place of Business

4775 Hwy 11

Suite, Apt. #, etc.

DELEON SPRINGS

City & State

DELEON SPRINGS, FL

Zip

32130

Country

FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3562134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

-Fee Required

6. Name and Address of Current Registered Agent

TEDDER, THOMAS E
 4775 HIGHWAY 11
 DELEON SPRINGS FL 32130

7. Name and Address of New Registered Agent

Name SAME

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 PRESIDENT
 NAME THOMAS TEDDER
 STREET ADDRESS 4775 HWY 11
 CITY-ST-ZIP DELEON SPR 32130 ☐ Delete

TITLE V.P.
 NAME CATHERINE TEDDER
 STREET ADDRESS 4775 HWY 11
 CITY-ST-ZIP DELEON SPR. FL 32130 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Thomas E. Tedder Thomas E. Tedder

7/31/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)