

2000 UNIFORM BUSINESS REPORT (UBR)

4/1:

FILED

May 18, 2000 8:00 am
Secretary of State

04-18-2000 90239 049 ***150.00

DOCUMENT # P99000034292

1. Entity Name

LOVELL'S SOUTHERN GARDENS, INC.

Principal Place of Business

Mailing Address

WILDWOOD DR.
AUGUSTINE FL 32086

345 WILDWOOD DR.
ST. AUGUSTINE FL 32086-5803

2. Principal Place of Business

3. Mailing Address

Same as above
Suite, Apt. #, etc.

Same as above
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3569938

Applied For

Not Applicable

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

HALL, CHARLES E JR.
77 ALMERIA ST.
ST. AUGUSTINE FL 32084

Name *McGhin, Catharine and Sundeman, P.A.*

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

100 Agricola Avenue

City *St Augustine*

FL

Zip Code *32084-4514*

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-14-00

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	SDVT	<input type="checkbox"/> Delete
NAME	LOVELL, MICHAEL J	
STREET ADDRESS	624 GENTIAN RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOVELL, MICHAEL J	
STREET ADDRESS	624 GENTIAN RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
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"/> 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 807, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00 (904) 787-5350

CR2E034 (9/99)