

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084549

1. Entity Name

THE GARDEN EATERY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90071 048 ***150.00

Principal Place of Business

Mailing Address

101 ORANGE ST.
ST. AUGUSTINE FL 32084

101 ORANGE ST.
ST. AUGUSTINE FL 32084-3564

2. Principal Place of Business

4320 AIA S.

Suite, Apt. #, etc.

Ste. 9

City & State

St. Aug. FL

Zip

32084

Country USA

St. Johns

3. Mailing Address

4320 AIA S.

Suite, Apt. #, etc.

Ste. 9

City & State

St. Aug. FL

Zip

32084

Country USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3600415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, ALLEN C.D. II
101 ORANGE ST.
ST. AUGUSTINE FL 32084

Name

Patsy Elaine Haines

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

4320 AIA S.

City

St. Aug

State

FL

Zip Code

32084

7. Name and Address of New Registered Agent

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

Patsy Elaine Haines
Signature, typed or printed name of registered agent and title if applicable.

Patsy Elaine Haines
(NOTE: Registered Agent signature required when reinstating)

5-1-00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, ALLEN C.D. II	
STREET ADDRESS	101 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
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	Patsy Elaine Haines	
STREET ADDRESS	4320 5348 AIA S.	
CITY-ST-ZIP	St. Aug FL 32084	
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: *Patsy Elaine Haines* Patsy Elaine Haines 5-1-00 (904) 471-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)