

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90140 034 \*\*\*150.00

**DOCUMENT # S39162**

1. Entity Name

**GREAT AMERICAN LANDSCAPE, INC.**

Principal Place of Business

Mailing Address

O BOX 5478  
 WORTH FL 33436

P O BOX 5478  
 LAKE WORTH FL 33466-5478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0258449**

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

Name

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

City

**FL**

Zip Code

**SPIELHAUPTER, RICHARD  
 4778 ELMHURST ROAD  
 APT. 5  
 WEST PALM BEACH FL 33417**

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 \$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

☐ Change ☐ Addition

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**PD  
 SPIELHAUPTER, MARTIN R  
 43 ASH CIR B HR  
 OKEECHOBEE FL 34974**

☒ Delete

**VSD  
 SPIELHAUPTER, RICHARD  
 4710 HOLLY LAKE DR  
 LAKEE WORTH FL 33463**

☐ Delete

**VTD  
 SPIELHAUPTER, WALTER  
 14308 82 ST N  
 LOXAHATCHEE FL 33470**

☐ Delete

TITLE  
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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

**Richard Spielhaupter**

**APR. 27 2000**

Date

**(561) 641-9550**

Daytime Phone #

CR2E034 (9/99)