

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90144 006 \*\*\*150.00

DOCUMENT # **S39162**

1. Entity Name: **GREAT AMERICAN LANDSCAPE, INC.**

Principal Place of Business

Mailing Address

P O BOX 5478  
LAKE WORTH FL 33466

P O BOX 5478  
LAKE WORTH FL 33466

2. Principal Place of Business

3. Mailing Address

**14308 82 ST N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Loxahatchee, FL**

City & State

4. FEI Number

**65-0258449**

Applied For

Not Applicable

**33470**

Country

Zip

Country

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

**SPIELHAUPTER, RICHARD**  
**4710 HOLLY LAKE DR.**  
**LAKE WORTH FL 33463**

Name  
**Walter Spielhaupter**

Street Address (P.O. Box Number is Not Acceptable)  
**14308 82 ST N**

City  
**Loxahatchee**

**FL**

Zip Code  
**33470**

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Sherry K Spielhaupter*  
Signature, typed or printed name of registered agent and title, applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SPIELHAUPTER, RICHARD</b> <b>4710 HOLLY LAKE DR</b> <b>LAKE WORTH FL 33463</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>SPIELHAUPTER, WALTER</b> <b>14308 82 ST N</b> <b>LOXAHATCHEE FL 33470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Spielhaupter, Sherry</b> <b>14308 82 ST N</b> <b>Loxahatchee, FL 33470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Spielhaupter, Walter</b> <b>14308 82 ST N</b> <b>Loxahatchee, FL 33470</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Spielhaupter, Sherry</b> <b>14308 82 ST N</b> <b>Loxahatchee, FL 33470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Walter Spielhaupter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-02**

Date

Daytime Phone #

CR2E034 (9/01)