

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01727

1. Entity Name

HEARTLAND BOTANICALS, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 048 ***550.00

Principal Place of Business

418 MIRAMAR DRIVE
LAKELAND FL 33803

Mailing Address

418 MIRAMAR DRIVE
LAKELAND FL 33803

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

59-3100547

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

NICHOLS, MICHAEL V.
418 MIRAMAR DR.
LAKELAND FL 33803

Name

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, MICHAEL V.	
STREET ADDRESS	418 MIRAMAR RD	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AYALA, HECTOR	
STREET ADDRESS	P O BOX 5273 N/A	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUYAN, AYALA C	
STREET ADDRESS	4306 SW 24TH CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NICHOLS, ELIZABETH	
STREET ADDRESS	418 MIRAMAR DRIVE	
CITY-ST-ZIP	LAKELAND FL	
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
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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:

Elizabeth Nichols ST

Date

Daytime Phone #

7/20/2000 863-688-8824

CR2E034 (5/00)