

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90024 050 \*\*\*150.00

601091



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V01727**

1. Entity Name  
**HEARTLAND BOTANICALS, INC.**

Principal Place of Business      Mailing Address  
**418 MIRAMAR DRIVE**      **418 MIRAMAR DRIVE**  
**LAKELAND FL 33803**      **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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>NICHOLS, MICHAEL V.</b> <b>418 MIRAMAR RD</b> <b>LAKELAND FL 33803</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Nichols, Michael V.</b> <b>418 Miramar Road</b> <b>Lakeland-FL 33803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AYALA, HECTOR</b> <b>P O BOX 5273 N/A</b> <b>IMMOKALEE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Ayala, Hector</b> <b>1000 monroe Street</b> <b>Immokalee -FL 34142</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GUYAN, AYALA C</b> <b>4306 SW 24TH CT</b> <b>CAPE CORAL FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Guyan, A. Cristela</b> <b>1303 SW 16th Terr. #202</b> <b>Cape Coral -FL 33991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>NICHOLS, ELIZABETH</b> <b>418 MIRAMAR DRIVE</b> <b>LAKELAND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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*      S/T      1-08-2001      863 688-8824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)