

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V19158

1. Entity Name

WILDFLOWER DEVELOPMENT CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90255 001 ***150.00

Principal Place of Business

Mailing Address

10160 MCGREGOR BLVD.
FORT MYERS FL 33919

10160 MCGREGOR BLVD.
FORT MYERS FL 33919-1039

2. Principal Place of Business

3. Mailing Address

10160 McGregor Blvd

10160 McGregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

33919

Lee

Zip

Country

33919

Lee

4. FEI Number

65-0394586

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

FARNSWORTH, ROBERT L.
10160 MCGREGOR BLVD.
FORT MYERS FL 33919

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:

Robert L. Farnsworth Robert L. Farnsworth

4/7/2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FARNSWORTH, ROBERT L.	
STREET ADDRESS	10160 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FARNSWORTH, GAYLE C.	
STREET ADDRESS	10160 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAVER, CYNTHIA	
STREET ADDRESS	3628 HERITAGE LANE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAVER, ROGER WARD	
STREET ADDRESS	3628 HERITAGE LANE	
CITY-ST-ZIP	FT MYERS 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
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
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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:

Gayle C. Farnsworth Gayle C. Farnsworth

4/7/2000

275-9166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)