

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V61449**

1. Entity Name

GARDENS TOBACCONIST, INC.**FILED****Mar 01, 2000 8:00 am**
Secretary of State

03-01-2000 90035 024 ***150.00

Principal Place of Business

Mailing Address

3101 PGA BLVD
#G101
PALM BEACH GARDENS FL 33410
US7200 W AMINO REAL
SUITE #302
BOCA RATON FL 33433
US

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

65-0358495

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

WOLK, JOEL
% SMOKERS GALLERY
2356 E SUNRISE BLVD
SUNRISE FL 33304

Name

Alan Cornell

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

17640 Lake Estates Dr.

City

Boca Raton

FL

Zip Code

33496

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 State10. 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** ☐ Delete
NAME **LITLEN, NEIL**
STREET ADDRESS **7100 QUENNIFERRY CIRCLE, STE #3420F**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7100 Queensferry Circle**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CORNELL, ALAN**
STREET ADDRESS **6921 LIONS HEAD LANE**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **17640 Lake Estates Dr.**
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **DUELL, KARL E**
STREET ADDRESS **5008 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **BLUE, HAROLD**
STREET ADDRESS **255 DAVIE RD, STE #110**
CITY-ST-ZIP **FT LAUDERDALE FL 33317**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **COO** ☒ Delete
NAME **WOLK, JOEL**
STREET ADDRESS **5008 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☐ Delete
NAME **EUGENE, TERRY**
STREET ADDRESS **17759 LAKE ESTATES DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)