

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90098 045 ***150.00

0074876

DOCUMENT # L67805

1. Entity Name
AVANTI NURSERY, INC.

Principal Place of Business

Mailing Address

~~10409 TROUT RD~~
ORLANDO FL 32836-6542

~~10409 TROUT RD~~
ORLANDO FL 32836-6542

2. Principal Place of Business

3. Mailing Address

1031 So. Yachtsman Dr.
 Suite, Apt. #, etc.

1031 So. Yachtsman Dr.
 Suite, Apt. #, etc.

City & State
Sanibel FL

City & State
Sanibel FL

4. FEI Number **59-3012471**

Applied For
 Not Applicable

Zip
33957

Country
USA

Zip
33957

Country
USA

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

SHEPHERD, JAMES E.
1450 SR 434 W
SUITE 200
LONGWOOD FL 32750

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. (See criteria on back)

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 Delete
 NAME **PVD WALLIN, ALLEN DEAN**
 STREET ADDRESS **1915 KING ARTHUR CIRCLE**
 CITY-ST-ZIP **MAITLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD COOK, DONALD W.**
 STREET ADDRESS ~~**10409 TROUT RD**~~
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **1031 So. Yachtsman Dr.**
 CITY-ST-ZIP **Sanibel FL 33957**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Donald W. Cook* **Donald W. Cook** 1/10/01 813 478 0478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)