

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 317345

1. Entity Name

SHORE ACRES NURSERY, INC.

Principal Place of Business

6877 NASSAU
ORLANDO FL 32822-7121
US

Mailing Address

6877 NASSAU AVE
ORLANDO FLA 32822-7121
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

59-1168226

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

MITCHELL JR, R D
701 PADGETT CT
ORLANDO FL 32839

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 \$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	PDC	<input type="checkbox"/> Delete
NAME	MITCHELL JR, ROBERT D	
STREET ADDRESS	701 PADGETT CT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WORLEY, ROWENA H	
STREET ADDRESS	701 PADGETT CT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAZEMORE, ROBYN M	
STREET ADDRESS	12003 GRAYBIRCH RD	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, HELEN W	
STREET ADDRESS	701 PADGETT CT	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	CPA	<input type="checkbox"/> Delete
NAME	MALLOY, J. RICK	
STREET ADDRESS	5307 JESSANMINE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	STEVENS, ELIZABETH M.	
STREET ADDRESS	800 OAK SHORE DR	
CITY-ST-ZIP	ST CLOUD FL	

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
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

407-273-1922
Daytime Phone #

CR2E034 (9/99)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90115 036 ***150.00



DO NOT WRITE IN THIS SPACE