

# 2001 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  
ORLANDO FL 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

(NOTE ADDRESS CHANGE BELOW)

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, 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 PDC ☐ Delete  
NAME MITCHELL JR, ROBERT D  
STREET ADDRESS 701 PADGETT CT  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☒ Change ☐ Addition  
NAME 5303 JESSAMINE LANE  
STREET ADDRESS ORLANDO, FL 32839  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WORLEY, ROWENA H  
STREET ADDRESS 701 PADGETT CT  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BAZEMORE, ROBYN M  
STREET ADDRESS 12003 GRAYBIRCH RD  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☒ Change ☐ Addition  
NAME 5999 LAKEPOINT DR. #608  
STREET ADDRESS ORLANDO, FL 32822  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MITCHELL, HELEN W  
STREET ADDRESS 701 PADGETT CT  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☒ Change ☐ Addition  
NAME 5303 JESSAMINE LANE  
STREET ADDRESS ORLANDO, FL 32822  
CITY-ST-ZIP

TITLE CPA ☐ Delete  
NAME MALOY, J. RICK  
STREET ADDRESS 5307 JESSAMINE LANE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME STEVENS, ELIZABETH M.  
STREET ADDRESS 800 OAK SHORE DR  
CITY-ST-ZIP ST CLOUD FL

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:

Robyn M. Bazemore, Vice President 5/1/01 (407) 273-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80058510



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)