

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 339404

1. Entity Name

TALLAHASSEE NURSERIES INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90070 037 ***150.00

Principal Place of Business

2911 THOMASVILLE RD.
TALLAHASSEE FL 32312

Mailing Address

2911 THOMASVILLE RD.
TALLAHASSEE FL 32312

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 **59-1229307**

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

EUGENE R. ELLIS JR.
1006TH E. 7TH AVE.
TALLAHASSEE FL 32303

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 PD ☐ Delete
NAME ELLIS JR, EUGENE
STREET ADDRESS 1006TH E. 7TH AVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE TD ☐ Delete
NAME PROSSER, ANICE
STREET ADDRESS STAR RT 2 BOX 7371
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2208 PROSSER DR
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE SD ☐ Delete
NAME ELLIS, MARY-R.
STREET ADDRESS 1006TH E. 7TH AVE.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VD ☐ Delete
NAME PROSSER, DAN
STREET ADDRESS STAR RT 2 BOX 7371
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2208 Prosser Dr.
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
Date

850-422-2445
Daytime Phone #

CR2E034 (10/00)