

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413682

1. Entity Name

HALL'S NURSERIES, INC.

Principal Place of Business

Mailing Address

5645 BLANDING BLVD.  
JACKSONVILLE FL 32244

5645 BLANDING BLVD.  
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, JOSEPH D.  
2140 TREASURE PT RD  
GREEN COVE SPRINGS FL 32043

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, type 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	<input type="checkbox"/> Delete
NAME	HALL, J.D.	
STREET ADDRESS	2140 TREASURE PT RD	
CITY-ST-ZIP	GREEN COVE SPGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, G.E.	
STREET ADDRESS	2190 ARON DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HALL, RUSSELL L.	
STREET ADDRESS	899 BLANDING BLVD.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOODBREAD, ROBERT	
STREET ADDRESS	2130 TREASURE POINT ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Joseph D Hall Pres. 1/9/2001

Date

Daytime Phone #

904-771-6330

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90072 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)