

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90184 013 \*\*\*150.00

**DOCUMENT # 458584**

1. Entity Name  
**KINGSWOOD NURSERIES, INC.**

Principal Place of Business      Mailing Address  
 1712 N E 36TH AVE      1712 N E 36TH AVE  
 OCALA FL 34470      OCALA FL 34470-4922  
 US      US

2. Principal Place of Business      3. Mailing Address  
**2333 NE 19 Ave**      **2333 NE 19 Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Ocala FL**      **Ocala FL**  
 Zip      Country      Zip      Country  
**34470**      -      **34470**      -

4. FEI Number      Applied For  
**59-1544897**       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**

**BULLARD, J. WARREN**  
**121 NW 3RD STREET**  
**OCALA FL 34475**

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, 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, HAROLD DELOIS		NAME		
STREET ADDRESS	1030 S E 27TH		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, GWEN W		NAME		
STREET ADDRESS	1030 SE 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, BRIAN D.		NAME		
STREET ADDRESS	2010 NE 24 STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(j), 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: *Gwen W DeVane*      **Gwen W DeVane**      3/11/00      352-732-5683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)

628788



DO NOT WRITE IN THIS SPACE