

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467045

1. Entity Name

THREE OAKS NURSERY, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90083 031 ***150.00

Principal Place of Business

Mailing Address

1100 ROUND LAKE ROAD
P.O. BOX 325
ZELLWOOD FLORIDA 32798

4410 ROUND LAKE ROAD
P.O. BOX 325
ZELLWOOD FLORIDA 32798-0325

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 59-1668771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDD, ANITA L
4422 ROUND LAKE RD
APOPKA FL 32712

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ST	RUDD, JEFFREY L	4422 ROUND LAKE RD							
			APOPKA FL							
	P	RUDD, ANITA M	4422 ROUND LAKE ROAD							
			ZELLWOOD FL							
	V	PRATT, JENNIFER L	P.O BOX 325 N/A							
			ZELLWOOD FL							

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:

Anita L. Rudd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-00 407-886-2606

CR2E034 (9/99)