

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90100 034 ****61.25

0065716

DOCUMENT # 709980

1. Entity Name

THE WHITE ROSE NURSERY, INC.

Principal Place of Business

Mailing Address

**E HWY 318 (SOUTH OF NEW HOPE CHURCH)
P.O. BOX 705
WILLISTON FL 32696-7705**

**E HWY 318 (SOUTH OF NEW HOPE CHURCH)
P.O. BOX 705
WILLISTON FL 32696-7705**

2. Principal Place of Business

3. Mailing Address

21270 N.E. 46th St.

P.O. Box 705

P.O. Box 705

Williston FL

Williston, FL

Williston FL

Williston, FL

Williston FL

32696

32696

Levy

Levy



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

**STEVENS, RONALD W
280 E HATHAWAY AVE
BRONSON FL 32621**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **S** ☐ Delete
NAME: **HALL, EARNESTINE**
STREET ADDRESS: **P O BOX 705**
CITY-ST-ZIP: **WILLISTON FL 32696**

TITLE: **D** ☐ Change ☒ Addition
NAME: **FRENCH, MARY GENE**
STREET ADDRESS: **823 NW 2nd AVE**
CITY-ST-ZIP: **WILLISTON, FL 32696**

TITLE: **D** ☐ Delete
NAME: **THOMPkins-MUNROE, AVRORA**
STREET ADDRESS: **21373 NE 40TH ST**
CITY-ST-ZIP: **WILLISTON FL 32696**

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

TITLE: **D** ☐ Delete
NAME: **DELAINO, EMILY K**
STREET ADDRESS: **130 SW 3RD STREET**
CITY-ST-ZIP: **WILLISTON FL 32696**

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

TITLE: **PD** ☐ Delete
NAME: **READ, MARY**
STREET ADDRESS: **615 S.W. 3RD ST.**
CITY-ST-ZIP: **WILLISTON FL**

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

TITLE: **D** ☒ Delete
NAME: **THOMPkins, AURORA MONROE**
STREET ADDRESS: **ROUTE 1, BOX 11710**
CITY-ST-ZIP: **WILLISTON FL**

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary G. French

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

352-528-5578

Daytime Phone #

CR2E037 (9/01)