

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90058 032 \*\*\*\*61.25

0071250

**DOCUMENT # 709980**

1. Entity Name

**THE WHITE ROSE NURSERY, INC.**



Principal Place of Business

**21270 N.E. 90TH ST  
P.O. BOX 705  
WILLISTON FL 32696**

Mailing Address

**P.O. BOX 705  
WILLISTON FL 32696**

2. Principal Place of Business

**21270 NE 40th St.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, EARNESTINE</b>	
STREET ADDRESS	<b>P O BOX 705</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMPkins-MUNROE, AVRORA</b>	
STREET ADDRESS	<b>21373 NE 40TH ST</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELAINO, EMILY K</b>	
STREET ADDRESS	<b>130 SW 3RD STREET</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>READ, MARY</b>	
STREET ADDRESS	<b>615 S.W. 3RD ST.</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMPkins, AURORA MONROE</b>	
STREET ADDRESS	<b>ROUTE 1, BOX 11710</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRENCH, MARY GENE</b>	
STREET ADDRESS	<b>823 NW 2ND AVE</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thompkins-Munroe, Aurora</b>	
STREET ADDRESS	<b>21373 NE 40th St.</b>	
CITY-ST-ZIP	<b>WILLISTON, FL 32696</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:**

**SIGNATURE REQUIRED**

**G. READ**

**1-13-03**

**352-528-6060**