2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002735

1. Entity Name

IVEY'S NURSERY PARTNERSHIP, LTD.

FILED
01 MAR -5 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000246 2 AF

Principal Place of Business	Mailing Address
6980 LUCK LANE ORLANDO FL 32811	6980 LUCK LANE ORLANDO FL 32811

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546146 — 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
IVEY, ROBERT L JR. 6980 LUCK LANE ORLANDO FL 32811	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. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$750,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	659329	STREET ADDRESS	
NAME	IVEY'S NURSERY, INC.	CITY-ST-ZIP	
STREET ADDRESS	6980 LUCK LANE		
CITY-ST-ZIP	ORLANDO FL 32811		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400003818384--7 -03/08/01--01042--025
STREET ADDRESS			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 03/01/01 407-293-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)