

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F22702**

1. Entity Name

WESTWINDS NURSERY, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90085 019 ***150.00

Principal Place of Business

5900 SW 185 WAY
FT. LAUDERDALE FL 33332
US

Mailing Address

4920 SW 195 TERR
FT. LAUDERDALE FL 33332-1210
US

2. Principal Place of Business

4690 SW CITRUS BLVD.

3. Mailing Address

Suite, Apt. #, etc.

PALM CITY, FLORIDA

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2102878**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**Zip **34990**Country **U.S.**

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, TERRY K.
6800 SW 172ND AVENUE
FT. LAUDERDALE FL 33331

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 State10. 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 **PDS** ☐ Delete
NAME **ROBINSON, TERRY K**
STREET ADDRESS **4920 SW 195TH TERR**
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **ROBINSON, SHARON L**
STREET ADDRESS **4920 SW 195TH TERR**
CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

Terry K Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/17/00**
Date**561-7815404**
Daytime Phone #