# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 08, 2000 8:00 am**
**Secretary of State**
03-08-2000 90039 027 ***150.00

DOCUMENT # F46888

1. Entity Name

MORNINGSTAR NURSERY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14600 STARKEY RD. DELRAY BCH., FL 33446<br>P O BOX 6337<br>DELRAY BCH. FL 33484-7337 | 14600 STARKEY RD. DELRAY BCH., FL 33446<br>P O BOX 6337<br>DELRAY BCH. FL 33482-6337 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 14600 Starkey Road | PO Box 480217 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Delray Beach, FL | City & State: Delray Beach, FL |
| Zip: 33446 Country: Palm Beach | Zip: 33448-0217 Country: Palm Beach |

4. FEI Number 59-2131829 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OKEAN, JACK M.
14600 STARKEY ROAD
DELRAY BCH. FL 33446

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.

SIGNATURE _____ DATE 3-6-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 | PD<br>OKEAN, PAUL Z<br>14600 STARKEY ROAD<br>DELRAY BCH. FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>OKEAN, JACK M.<br>14600 STARKEY ROAD<br>DELRAY BCH. FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (9/99)

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:** SIGNATURE REQUIRED 3/6/00 (561) 499-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #