

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90268 041 ***150.00

DOCUMENT # F93000003870

1. Entity Name

BAUCOM'S NURSERY COMPANY

Principal Place of Business

Mailing Address

**3050 BRITT ROAD
MOUNT DORA FL 32757****3050 BRITT ROAD
MOUNT DORA FL 32757-9747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0751089

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

**MCLEOD, WILLIAM J ESQUIRE
48 EAST MAIN STREET
P.O. DRAWER 950
APOPKA FL 32703**

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 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	ST	<input type="checkbox"/> Delete
NAME	PALMER, ELLEN	
STREET ADDRESS	10020 JOHN RUSSELL ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28213	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUCOM, AMON L JR	
STREET ADDRESS	10020 JOHN RUSSELL ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28229-5558	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUCOM, GARY C	
STREET ADDRESS	10020 JOHN RUSSELL ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28229-5558	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	LUBBERS, CHARLES	
STREET ADDRESS	300 BRITT RD	
CITY-ST-ZIP	MT DORA FL 32757	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WESLEY, LIVINGSTON W	
STREET ADDRESS	10020 JOHN RUSSELL ROAD	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ellen Palmer **Ellen Palmer** (Sect/2000) 4/28/00 704-596-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR/E034 (9/99)