

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90350 005 ***150.00

DOCUMENT # F93000003870

1. Entity Name

BAUCOM'S NURSERY COMPANY

Principal Place of Business

**3050 BRITT ROAD
MOUNT DORA FL 32757**

Mailing Address

**3050 BRITT ROAD
MOUNT DORA FL 32757**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. BOX 560008

Suite, Apt. #, etc.

City & State

CHARLOTTE, N.C.

Zip

28256-0008

Country

USA4. FEI Number **56-0751089**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 **CHARLES LUBBERS**Street Address (P.O. Box Number is Not Acceptable)
3050 BRITT ROADCity **MOUNT DORA****FL**Zip Code
32757

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 **CHARLES LUBBERS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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, 2001 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	<input type="checkbox"/> Delete
	ST	PALMER, ELLEN	10020 JOHN RUSSELL ROAD CHARLOTTE NC 28213	<input type="checkbox"/>
	VD	BAUCOM, AMON L JR	10020 JOHN RUSSELL ROAD CHARLOTTE NC 28229-5558	<input type="checkbox"/>
	PD	BAUCOM, GARY C	10020 JOHN RUSSELL ROAD CHARLOTTE NC 28229-5558	<input type="checkbox"/>
	V	LUBBERS, CHARLES	300 BRITT RD MT DORA FL 32757	<input type="checkbox"/>
	VD	WESLEY, LIVINGSTON W	10020 JOHN RUSSELL ROAD CHARLOTTE NC	<input type="checkbox"/>

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ellen Palmer 4-25-01 704-596-3220

CR2E034 (10/00)