

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G08976**

1. Entity Name

JB NURSERIES, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90031 040 ***150.00

Principal Place of Business

**4456 CHANDLER RD (32712)
P.O. BOX 1041
APOPKA FL 32704**

Mailing Address

**4456 CHANDLER RD (32712)
P.O. BOX 1041
APOPKA FL 32704-1041**

00018811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2233077Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BEARSCH, JACK M.
444 LAKEWOOD DRIVE
WINTER PARK FL 32789**

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

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
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	BEARSCH, RANDALL A	
STREET ADDRESS	3044 FOXBILL CIR # 108	
CITY-ST-ZIP	APOKA FL 32703	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	BEARSCH, JACK M	
STREET ADDRESS	444 LAKEWOOD DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBB, WILLIAM E.	
STREET ADDRESS	1840 CRANBERRY ISLES WAY	
CITY-ST-ZIP	APOPKA FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORRIS, DAVID W	
STREET ADDRESS	117 LYNDHURST DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

407-886-7165

SIGNATURE:*David W. Morris***David W. Morris, Controller - 02/04/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #