

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77453

1. Entity Name

MCCALL NURSERY & LANDSCAPE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90008 028 ***150.00

Principal Place of Business

% BARBARA MCCALL
4621 S.W. 58TH AVE.
DAVIE FL 33314

Mailing Address

% BARBARA MCCALL
4621 S.W. 58TH AVE.
DAVIE FL 33314

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 59-2351416

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

MCCALL, BARBARA
4621 S.W. 58TH AVE.
DAVIE FL 33314

Name Leslie Schroeder

Street Address (P.O. Box Number is Not Acceptable)

4621 SW 58 Ave

City Davie

FL

Zip Code 33314

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 *Leslie Schroeder*

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

(NOTE: Registered Agent signature required when reinstating)

1-29-01

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 ST
NAME MCCALL, BARBARA
STREET ADDRESS 4621 S.W. 58TH AVE.
CITY-ST-ZIP DAVIE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME MCCALL, RICHARD A., JR.
STREET ADDRESS 5925 SW 54 CT
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MCCALL, RALPH R.
STREET ADDRESS 6075 SW 55 PLACE
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MCCALL, RICHARD A., SR.
STREET ADDRESS 4621 S.W. 58TH AVE.
CITY-ST-ZIP DAVIE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME SCHROEDER, LESLIE M.
STREET ADDRESS 5877 SW 54 CT
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME TINDALL, STEPHANIE M.
STREET ADDRESS 5483 SW 60 AVE
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Leslie Schroeder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-01 954-581-4782

CR2E034 (10/00)