

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43853

1. Entity Name

HORTICULTURAL MANAGEMENT, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 036 ***550.00

Principal Place of Business

795 12TH AVE SW
 VERO BEACH FL 32962
 US

Mailing Address

795 12TH AVE SW
 VERO BEACH FL 32962
 US

2. Principal Place of Business

3. Mailing Address

PO Box 2337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Vero Beach, FL

4. FEI Number 59-2481881

Applied For

Not Applicable

Zip

Country

Zip

Country

32961

USA

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

HATCH, IRA C
 1701 HIGHWAY A1A
 SUITE 220
 VERO BEACH FL 32963

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
 NAME HARROLD, GARY D
 STREET ADDRESS 1690 5TH COURT
 CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE President
 NAME Gary D. Harrold
 STREET ADDRESS 6656 110th Street
 CITY-ST-ZIP Sebastian, FL 32958 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE Vice President
 NAME J. Lynn Harrold
 STREET ADDRESS 6656 110th St
 CITY-ST-ZIP Sebastian, FL 32958 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/00

Date

Daytime Phone #