

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90155 014 \*\*\*150.00

**DOCUMENT # K60223**

1. Entity Name  
**CRESTVIEW NURSERIES, INC.**

Principal Place of Business HOUSTON LANE CRESTVIEW FL 32536	Mailing Address 5908 HOUSTON LANE CRESTVIEW FL 32539-7157
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2931556</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HORNE, DALLAS BRISCOE**  
**3705 HORNE HOLLOW ROAD**  
**HOUSTON LANE**  
**CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<b>HORNE, DALLAS BRISCOE</b>			
<b>3705 HORNE HOLLOW ROAD</b>			
<b>CRESTVIEW FL</b>			
<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<b>HORNE, MYRA JEANETTE</b>			
<b>5918 HOUSTON LANE</b>			
<b>CRESTVIEW FL</b>			
<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<b>HORNE, THOMAS BARKLY, JR.</b>			
<b>5918 HOUSTON LANE</b>			
<b>CRESTVIEW FL</b>			
<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<b>HORNE, DANIEL GENE</b>			
<b>4404 SKYLARK ROAD</b>			
<b>MILTON FL</b>			
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: Dallas Briscoe Horne Dallas Briscoe Horne 2-18-00 850-682-3837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)