

2001 UNIFORM BUSINESS REPORT (UBR)

0023452 AF

DOCUMENT # L00000005274

1. Entity Name

OAK GROVE NURSERY, LLC

FILED

01 JAN 26 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

650 N. ROCK ROAD
FORT PIERCE FL 34945

Mailing Address

650 N. ROCK ROAD
FORT PIERCE FL 34945

2. Principal Place of Business

32115 ORANGE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1136

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip

34945

Country

USA

City & State

FT. PIERCE, FL 34954

Zip

34954-1136

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DANIEL C III
9406 BUNTING LANE
FT. PIERCE FL 34951

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME SCOTT, DANIEL C III
STREET ADDRESS 9406 BUNTING LANE
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE MGR ☐ Delete
NAME CRAIG, DAVID M
STREET ADDRESS 2300 GRAND OAK AVE.
CITY-ST-ZIP FT. PIERCE FL 34981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/01 (561) 461-8978

Date

Daytime Phone #

CR2E083 (11/00)