

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90098 045 \*\*\*150.00

0074876

**DOCUMENT # L67805**

1. Entity Name

**AVANTI NURSERY, INC.**

Principal Place of Business

**10409 TROUT RD  
ORLANDO FL 32836-6542**

Mailing Address

**10409 TROUT RD  
ORLANDO FL 32836-6542**

2. Principal Place of Business

**1031 So. Yachtsman Dr.**  
Suite, Apt. #, etc.

3. Mailing Address

**1031 So. Yachtsman Dr.**  
Suite, Apt. #, etc.

City & State

**Sanibel FL**

City & State

**Sanibel FL**

Zip

**33957**

Country

**USA**

Zip

**33957**

Country

**USA**

4. FEI Number

**59-3012471**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEPHERD, JAMES E.  
1450 SR 434 W  
SUITE 200  
LONGWOOD FL 32750**

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, 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

TITLE **PVD** ☐ Delete  
NAME **WALLIN, ALLEN DEAN**  
STREET ADDRESS **1915 KING ARTHUR CIRCLE**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **STD** ☐ Delete  
NAME **COOK, DONALD W.**  
STREET ADDRESS **10409 TROUT RD**  
CITY-ST-ZIP **ORLANDO FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1031 So. Yachtsman Dr.**  
CITY-ST-ZIP **Sanibel FL 33957**

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

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

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

TITLE ☐ Change ☐ Addition  
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Donald W. Cook**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/01 813 478 0478**  
Date Daytime Phone #

CR2E034 (10/00)