

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90043 038 ***150.00

DOCUMENT # P02000029217

1. Entity Name
CENTRAL FLORIDA TREE FARM, INC.



Principal Place of Business
**3011 ENDSLEY RD.
BROOKSVILLE FL 34604**

Mailing Address
**3011 ENDSLEY RD.
BROOKSVILLE FL 34604**



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

16-1636020

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

**VRASPIR, TODD W
5327 COMMERCIAL WAY, STE. A101
SPRING HILL FL 34606**

Name

FOE, Charlotte

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

3011 Endsley Rd

City

Brooksville

FL

Zip Code

34609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Charlotte M. Foe**

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

(NOTE: Registered Agent signature required when reinstating)

X 6/4/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FOE, CHARLOTTE M**
STREET ADDRESS **3011 ENDSLEY RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34604**

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

TITLE **D** ☐ Delete
NAME **FOE, STEPHEN O**
STREET ADDRESS **3011 ENDSLEY RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34604**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Stephen O Foe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6/04/03

Date

X 3527996963

Daytime Phone #

CR2E034 (10/02)

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: James MIDDLE: Edward LAST: McKenzie			2. SEX Male						
3. DATE OF DEATH (Month, Day, Year) April 24, 2003		4. SOCIAL SECURITY NUMBER 010 01 7953		5a. AGE-Last Birthday (years) 83		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 Day Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) May 29, 1919		7. BIRTHPLACE (City and State or Foreign Country) Holyoke, Massachusetts				8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) yes			
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						9b. INSIDE CITY LIMITS? (Yes or No) yes			
9c. FACILITY NAME (If not institution, give street and number) Largo Medical Center				9d. CITY, TOWN, OR LOCATION OF DEATH Largo		9e. COUNTY OF DEATH Pinellas			
10a. DECEDENT'S USUAL OCCUPATION Career Military		10b. KIND OF BUSINESS/INDUSTRY U.S. ARMY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			
13a. RESIDENCE - STATE Florida		13b. COUNTY Pinellas		13c. CITY, TOWN, OR LOCATION Seminole		13d. STREET AND NUMBER 11950 68th Avenue North			
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 33772		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: College (1-4 or 5+) (0-12) 4	
17. FATHER'S NAME (First, Middle, Last) John McKenzie				18. MOTHER'S NAME (First, Middle, Maiden Surname) Charlotte Curtin					
19a. INFORMANT'S NAME (Type/Print) Robert J. McKenzie				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 125 5th Avenue NE #270- St. Petersburg, FL 33701					
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bay Pines National Cemetery		20c. LOCATION - City or Town, State Bay Pines, Florida					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>E. James Reese</i>		21b. LICENSE NUMBER (of Licensee) 1599		21c. NAME AND ADDRESS OF FACILITY E. James Reese Funeral Home, P.A. 6767 Seminole Blvd. Seminole, Fla. 33772					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>David H. Silverstein</i>		22b. DATE SIGNED (Mo., Day, Yr) April 24, 2003		22c. HOUR OF DEATH 3:19 P. M.		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>David H. Silverstein</i>	
23b. DATE SIGNED (Mo., Day, Yr)		23c. HOUR OF DEATH		23d. MEDICAL EXAMINER'S CASE #					
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) David H. Silverstein, M.D. 5880-49th St. No. #207 St. Pete., Fla. 33709									
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>Joanne Hunter</i>				25b. LOCAL REGISTRAR - SIGNATURE <i>Joanne Hunter</i>		25c. DATE REGISTERED April 25, 2003			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>MULTIPLE DISEASES OF THE AGED</i> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						Approximate Interval Between Onset and Death			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				27a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) NO	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 5 MONTHS? Yes No		30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)					
31. PROBABLE MANNER OF DEATH (Specify) Natural		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY M		32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED	
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Carolyn DeLuggio
Chief Deputy Registrar, Pinellas County

State Registrar

issued: Apr. 29, 2003

WARNING:
10082748THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 156-4A (3/99)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF
HEALTH