

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088844

1. Entity Name

SOUTH FLORIDA TROPICAL PLANTS, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90089 020 \*\*\*150.00

Principal Place of Business

Mailing Address

2807 NORTH UNIVERSITY DR.  
HOLLYWOOD FL 33024

2807 NORTH UNIVERSITY DR.  
HOLLYWOOD FL 33024-2547  
US

2. Principal Place of Business

3. Mailing Address

2807 N. UNIVERSITY DR  
Suite, Apt. #, etc.

2807 N. UNIVERSITY DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FLA.

City & State

Hollywood FLA.

4. FEI Number

65-0456725

Applied For

☒ Not Applicable

Zip

33024

Country

US

Zip

33024

Country

US

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

SCOFIELD, GARY JAMES  
2807 NORTH UNIVERSITY DR.  
HOLLYWOOD FL 33023

Name SAME

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 of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME SCOFIELD, DAVID JOHN  
STREET ADDRESS 2807 NORTH UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE DP  
NAME SCOFIELD, DAVID JOHN  
STREET ADDRESS 2807 N. UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FLA. 33024

TITLE DV  
NAME SCOFIELD, GARY JAMES  
STREET ADDRESS 2807 N. UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE DV  
NAME SCOFIELD, GARY JAMES  
STREET ADDRESS 2807 N. UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FLA. 33024

TITLE DST  
NAME SCOFIELD, KATHRYN ANN  
STREET ADDRESS 2807 N. UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE DST  
NAME SCOFIELD, KATHRYN ANN  
STREET ADDRESS 2807 N. UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FLA. 33024

TITLE D  
NAME SCOFIELD, ELEANOR  
STREET ADDRESS 2807 N. UNIVERSITY DR.  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DECEASED

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

954 432-7302

CR2E034 (9/99)