

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000080100**

1. Entity Name

SHADOW WOOD NURSERY CORPORATION

Principal Place of Business

**7250 NW 82ND TERRACE
PARKLAND FL 33067**

Mailing Address

**7250 NW 82ND TERRACE
PARKLAND FL 33067-1003**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **13-9284647**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DONNELLY, PATRICK
7250 NW 82ND TERR
PARKLAND FL 33067****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, 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	DONNELLY, PATRICK	
STREET ADDRESS	7250 NW 82ND TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNELLY, JUNE	
STREET ADDRESS	7250 NW 82ND TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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:

June C. Donnelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)-75-7476**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90089 044 ***150.00

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DO NOT WRITE IN THIS SPACE