

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90017 050 \*\*\*150.00

**DOCUMENT # P95000081827**

1. Entity Name

**MCCURDY NURSERY, INC.**

Principal Place of Business

**24900 SOUTHWEST 197TH AVENUE  
 HOMESTEAD FL 33031**

Mailing Address

**24900 SOUTHWEST 197TH AVENUE  
 HOMESTEAD FL 33031**

2. Principal Place of Business

3. Mailing Address

**8480 SW 140 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, FL**

Zip

Country

Zip

Country

**33158**

**USA**

4. FEI Number

**65-0629546**

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

**MCCURDY, DEBORAH  
 8480 S.W. 140 ST.  
 MIAMI FL 33158**

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

**4/27/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **SAGE, THOMAS E**  
 STREET ADDRESS **14011 SOUTHWEST 85TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **VD** ☐ Delete  
 NAME **MCCURDY, ROBERT**  
 STREET ADDRESS **12975 SOUTHWEST 192ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE **STD** ☒ Delete  
 NAME **SAGE, VIRGINIA L**  
 STREET ADDRESS **14011 SOUTHWEST 85TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **T** ☒ Delete  
 NAME **MCCURDY, DEBORAH**  
 STREET ADDRESS **12975 SW 192 ST**  
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
 NAME **McCurdy, Robert**  
 STREET ADDRESS **8480 SW 140 St.**  
 CITY-ST-ZIP **Miami, FL 33158**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/01 (305) 216-5515**

CR2E034 (10/00)