

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034718

1. Entity Name

PERRY SYLVESTER FERNERIES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90154 004 \*\*\*150.00

Principal Place of Business

Mailing Address

839 SPRING GARDEN RANCH ROAD BOX 142  
DELEON SPRINGS FL 32130

839 SPRING GARDEN RANCH ROAD BOX 142  
DELEON SPRINGS FL 32130-4201

2. Principal Place of Business

1125 Spring Garden Ranch Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 142  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
DeLeon Springs, FL

City & State  
DeLeon Springs, FL

4. FEI Number 59-3360104

Applied For  
☒ Not Applicable

Zip Country  
32130 Volusia

Zip Country  
32130 Volusia

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

SYLVESTER, PERRY  
839 SPRING GARDEN RANCH ROAD BOX 142  
DELEON SPRINGS FL 32130

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SYLVESTER, PERRY	
STREET ADDRESS	1701 WEST EUCLID AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SYLVESTER, CAROL	
STREET ADDRESS	1701 WEST EUCLID AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MITCHELL, CRYSTAL	
STREET ADDRESS	PO BOX 526	
CITY-ST-ZIP	DELEON SPGS FL 32130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, SYLVESTER	
STREET ADDRESS	415 PERRY LANE	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CAROL SYLVESTER 4-14-00 800-985-9785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)