

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072839

1. Entity Name

NURSERY ROAD VILLA, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90059 019 \*\*\*150.00

Principal Place of Business

2446 NURSERY ROAD  
CLEARWATER FL 34624

Mailing Address

2446 NURSERY ROAD  
CLEARWATER FL 33764-2720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3289232

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Robert F. Rivera Jr.

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

2446 Nursery Rd.

City

Clearwater

FL

Zip Code

34624

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	RIVERA, NILDA	2446 NURSERY ROAD	CLEARWATER FL 34624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	RIVERA, ROBERT F JR	2446 NURSERY ROAD	CLEARWATER FL 34624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	RIVERA, JENNIFER	2446 NURSERY ROAD	CLEARWATER FL 34624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	RIVERA, JONATHAN	2446 NURSERY ROAD	CLEARWATER FL 34624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Robert F. Rivera Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

Daytime Phone #