

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072839

1. Entity Name  
NURSERY ROAD VILLA, INC.

Principal Place of Business  
2446 NURSERY ROAD  
CLEARWATER FL 34624 33764

Mailing Address  
2446 NURSERY ROAD  
CLEARWATER FL 34624 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~59-9209282~~  
59-3657326

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

RIVERA, ROBERT F JR  
2446 NURSERY RD  
CLEARWATER FL 34624 33764

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, 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	P	<input type="checkbox"/> Delete
NAME	RIVERA, NILDA	
STREET ADDRESS	2446 NURSERY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, ROBERT F JR	
STREET ADDRESS	2446 NURSERY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, JENNIFER	
STREET ADDRESS	2446 NURSERY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVERA, JONATHAN	
STREET ADDRESS	2446 NURSERY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34624	
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
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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: NILDA F. RIVERA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01  
Date

327-536-1082  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)