

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007529

1. Entity Name

DOUBLE J NURSERY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90066 001 ***150.00

Principal Place of Business

Mailing Address

19848 EAST ALTOONA ROAD
ALTOONA FL 32702

P.O. BOX 895294
LEESBURG FL 34789-5294

2. Principal Place of Business

3. Mailing Address

PO Box 813

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Umatilla, FL

Zip

Country

Zip

Country

32784

USA

4. FEI Number

59-3497896

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

CLEMENT, G. EDWARD
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME GERMEROTH, JEFFREY S
STREET ADDRESS 27315 CR 44A
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE President
NAME Germeroth, Jeffrey S.
STREET ADDRESS 27315 CR 44A
CITY-ST-ZIP Eustis, FL 32736 ☒ Change ☐ Addition

TITLE P
NAME ROBBINS, ALENE W
STREET ADDRESS 19848 EAST ALTOONA ROAD
CITY-ST-ZIP ALTOONA FL 32702 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 persons empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director: Jeffrey S. Germeroth 2/1/00 352-357-2500

Date

Daytime Phone #

CR2E034 (9/99)