

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045155

1. Entity Name

STILL WATERS NURSERY INC.

Principal Place of Business

3500 TREE FARM RD
NAPLES FL 34104
US

Mailing Address

~~678 COLDSTREAM CT~~
~~NAPLES FL 34104 4732~~
~~US~~

2. Principal Place of Business

3. Mailing Address

3500 TREE FARM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES, FLORIDA

Zip

Country

Zip

Country

34104

USA

4. FEI Number

59-3516351

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

POSCH, CHARLES G
1075 MOON LAKE DRIVE
NAPLES FL 34104

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

Charles G. Posch (Owner)

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	P	<input type="checkbox"/> Delete
NAME	BRADY, WILLIAM	
STREET ADDRESS	291 23RD ST SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POSCH, BARBARA	
STREET ADDRESS	678 COLDSTREAM CT	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	BRADY, KELLY	
STREET ADDRESS	291 23RD ST	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	T	<input type="checkbox"/> Delete
NAME	POSCH, CHUCK	
STREET ADDRESS	678 COLDSTREAM CT	
CITY-ST-ZIP	NAPLES FL 34104	
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"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles G. Posch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES G. POSCH

Date

1/4/00

Daytime Phone #

941-262-3618

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90030 036 ***150.00



DO NOT WRITE IN THIS SPACE