

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90003 028 ***150.00

DOCUMENT # P98000060277

1. Entity Name

KEEL'S NURSERY SOUTH, INC.

Principal Place of Business

**17201 SW 248TH STREET
MIAMI FL 33031**

Mailing Address

**17350 S.W. 236TH STREET
MIAMI FL 33031**

2. Principal Place of Business

3. Mailing Address

17201 S.W. 248 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead FL.

4. FEI Number

65-0840104

Applied For

Not Applicable

Zip

Country

Zip

Country

33031

USA

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

**KEEL, C. JOSEPH III
5210 W. THONOTOSASSA ROAD
PLANT CITY FL 33566**

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 | PD | <input type="checkbox"/> Delete |
| NAME | VALDES, ERNEST | |
| STREET ADDRESS | 17350 S.W. 236TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33031 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | KEEL, RYAN W | |
| STREET ADDRESS | 5210 W. THONOTOSASSA ROAD | |
| CITY-ST-ZIP | PLANT CITY FL 33566 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | KEEL, C. JOSEPH III | |
| STREET ADDRESS | 5210 W. THONOTOSASSA ROAD | |
| CITY-ST-ZIP | PLANT CITY FL 33566 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)