

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102418

1. Entity Name

GREENSCAPE LANDSCAPE CONTRACTORS, INC.

Principal Place of Business

501 SOUTHEAST AVENUE E.  
BELLE GLADE FL 33430

Mailing Address

501 SOUTHEAST AVENUE E.  
BELLE GLADE FL 33430-3533

2. Principal Place of Business

509 Southeast Ave. E

Suite, Apt. #, etc.

3. Mailing Address

509 Southeast Ave. E

Suite, Apt. #, etc.

City & State

Belle Glade, FL.

City & State

Belle Glade, FL

4. FEI Number

65-0864501

Applied For

Not Applicable

Zip

Country

33430

Zip

Country

33430

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

POOLE, WILLIAM S

501 SOUTHEAST AVENUE E.  
BELLE GLADE FL 33430

Name

William S. Poole

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

509 Southeast Ave. E

City

Belle Glade

FL

Zip Code  
33430

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 ☐ Delete  
NAME DPVS  
STREET ADDRESS POOLE, WILLIAM S  
CITY-ST-ZIP 100 SOUTHEAST 4TH STREET NORTH  
BELLE GLADE FL 33430

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS POOLE, WILLIAM S  
CITY-ST-ZIP 100 SOUTHEAST 4TH STREET NORTH  
BELLE GLADE FL 33430

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)