

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000103889**

1. Entity Name

ISLAND GROVE AQUATIC PLANT NURSERY AND LANDSCAPE**FILED**
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90038 030 ***150.00

Principal Place of Business

Mailing Address

**928 NW 16TH AVE., SUITE 1
GAINESVILLE FL 32601****928 NW 16TH AVE., SUITE 1
GAINESVILLE FL 32601-4086**

2. Principal Place of Business

1511 NW 2nd Street

3. Mailing Address

1511 NW 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3548780

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA5. 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

**SALAFRIO, CARL
928 NW 16TH AVE., SUITE 1
GAINESVILLE FL 32601**

Name

Carl Salafrio

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

1511 NW 2nd Street

City

Gainesville**FL**

Zip Code

32601

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	P	<input type="checkbox"/> Delete
NAME	SALAFRIO, CARL	
STREET ADDRESS	928 NW 16TH AVE, STE 1	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salafrio, Carl	
STREET ADDRESS	1511 NW 2nd Street	
CITY-ST-ZIP	Gainesville, FL 32601	

TITLE	V	<input type="checkbox"/> Delete
NAME	LOGAN, TIM	
STREET ADDRESS	928 NW 16TH AVE, STE 1	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Logan, Tim	
STREET ADDRESS	1511 NW 2nd Street	
CITY-ST-ZIP	Gainesville, FL 32601	

TITLE	S	<input type="checkbox"/> Delete
NAME	FOSTER, GEORGE	
STREET ADDRESS	4220 CORTEZ BLVD	
CITY-ST-ZIP	BROOKSVILLE FL 34607	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, George	
STREET ADDRESS	4420 Cortez Blvd.	
CITY-ST-ZIP	Brooksville, FL 34607	

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"/> 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"/> Delete
NAME		
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 an other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

(352) 371-4333

Daytime Phone #

CR2E034 (9/99)