

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044210

1. Entity Name

HURST IRRIGATION, INCORPORATED

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90088 002 \*\*\*150.00

Principal Place of Business

3210 E. AVE. SOUTH  
SARASOTA FL 34239

Mailing Address

3210 E. AVE. SOUTH  
SARASOTA FL 34239-5206

2. Principal Place of Business

5530 Pinkney Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5552

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-0920467

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34277

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEADOR, DONNA  
3210 E. AVE. SOUTH  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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

*Donna Meador*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

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

TITLE PD  
NAME MEADOR, DONNA  
STREET ADDRESS 3210 E. AVE. SOUTH  
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE VD  
NAME HURST, THOMAS  
STREET ADDRESS 5202 19TH ST. W.  
CITY-ST-ZIP BRADENTON FL 34207 ☐ Delete

TITLE STD  
NAME MEADOR, JERRY  
STREET ADDRESS 3210 E. AVE. SOUTH  
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addit

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE ☐ Change ☐ Addit

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE ☐ Change ☐ Addit

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addit

TITLE ☐ Change ☐ Addit

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:

*Donna Meador*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

941-955-0846

Daytime Phone #