

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 007 ***150.00

DOCUMENT # P99000082168

1. Entity Name

SUNDANCE NURSERIES AND LANDSCAPING, INC.

Principal Place of Business

4250 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

Mailing Address

4250 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327-4100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599819

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

HORTON, MALINDA
1018 THOMASVILLE RD., STE. 103
TALLAHASSEE FL 32303

Name

Tammy Furnish

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

4250 Crawfordville Hwy

City

Crawfordville

FL

Zip Code

32327

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

Tammy Furnish Vice-President

Tammy Furnish

2-18-00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Delete
NAME	Jerry Furnish	
STREET ADDRESS	4250 Crawfordville Hwy	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	Vice President / Director	<input type="checkbox"/> Delete
NAME	Tammy Furnish	
STREET ADDRESS	4250 Crawfordville Hwy	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 all other like empowered.

SIGNATURE:

Tammy Furnish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-2-18-00 (850) 893-4407 (850) 926-9035

CR2E034 (9/99)