

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
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00040044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. same	3. Mailing Address Suite, Apt. #, etc. same
City & State	City & State
Zip	Country

4. FEI Number 59-3599819	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HORTON, MALINDA
 1018 THOMASVILLE RD., STE. 103
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent
 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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President / Director	<input type="checkbox"/> Delete
NAME Serry 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **-2-18-00** Daytime Phone # **(850) 893-4407**
(850) 926-9035

CR2E034 (9/99)