

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000103148

1. Entity Name

ORANGE GATE NURSERY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-10-2000 90165 022 ***150.00

Principal Place of Business

Mailing Address

13736 STRINGFELLOW ROAD
BOKEELIA FL 33922

16262 ANTIGUA WAY
BOKEELIA FL 33922

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

65-0965586

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

CHAPMAN, G. BRUCE
16262 ANTIGUA WAY
BOKEELIA FL 33922

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

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	PRESIDENT / V.P.	<input type="checkbox"/> Delete
NAME	G. BRUCE CHAPMAN	
STREET ADDRESS	16262 ANTIGUA WAY	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	SYLVIA K. CHAPMAN - TREASURER	<input type="checkbox"/> Delete
NAME	SYLVIA K. CHAPMAN	
STREET ADDRESS	8341 S.W. 14th ST.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BRYAN K. CHAPMAN	
STREET ADDRESS	8341 S.W. 14th ST.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. BRUCE CHAPMAN, PRES.

Date

Daytime Phone #

3/22/2000 / 941-282-8821

CR2E034 (9/99)