

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16481

1. Entity Name

BLACK OLIVE EAST NURSERY & LANDSCAPE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90054 001 \*\*\*150.00

Principal Place of Business

Mailing Address

3539 GRIFFIN RD  
HOLLYWOOD FL 33312

3539 GRIFFIN RD  
HOLLYWOOD FL 33312-5444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0238199

Applied For

Not Applied

Zip

Country

Zip

Country

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

RUDD, JAMES D.  
901 SE 17 ST CSWY  
STE 200  
FT LAUDERDALE FL 33316

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 D ☐ Delete  
NAME RUDD, JAMES D.  
STREET ADDRESS 901 SE 17 ST CSWY #100  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE V ☐ Change ☒ Addition  
NAME Maria Herndon  
STREET ADDRESS 4907 SW 51st Street  
CITY-ST-ZIP Davie, FL 33314

TITLE P ☐ Delete  
NAME HERNDON, MARK B.  
STREET ADDRESS 3691 GRIFFIN ROAD  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE V ☐ Change ☒ Addition  
NAME Stephanie Hamilton  
STREET ADDRESS 200 SW 117 Terrace  
CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE ST ☐ Delete  
NAME HERNDON, PHYLLIS  
STREET ADDRESS 4903 S. W. 51ST ST  
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HERNDON, KIM L  
STREET ADDRESS 3691 GRIFFIN ROAD  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

2-21-00

Date

954-587-2087

Daytime Phone #