

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S76603

1. Entity Name

R.C.R. TREE FARM INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90061 016 \*\*\*150.00

Principal Place of Business

Mailing Address

4950 S.W. 111 TERRACE  
FT. LAUDERDALE FL 33328

4950 S.W. 111 TERRACE  
FT. LAUDERDALE FL 33328-3903

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

65-0282436

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

ANDERSON, ROSE MARIE  
4950 S.W. 11TH TERRACE  
FT. LAUDERDALE FL 33328

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 **ANDERSON, ROSE MARIE**  
STREET ADDRESS **4950 S.W. 111 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Rayl. Anderson, Pres.**  
STREET ADDRESS **2771 Oakview way**  
CITY-ST-ZIP **DAVIE, FL. 33328**

TITLE **VP** ☐ Delete  
NAME **ANDERSON, CARROLL R**  
STREET ADDRESS **4950 SW 111 TERR**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **Vice Pres.** ☐ Change ☐ Addition  
NAME **Rose Marie Anderson**  
STREET ADDRESS **4950 S.W. 111th Terr**  
CITY-ST-ZIP **Fort lauderdale, FL 33328**

TITLE **ST** ☐ Delete  
NAME **ANDERSON, RAY L.**  
STREET ADDRESS **2771 OAKVIEW WY**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **Sec. Treas.** ☐ Change ☐ Addition  
NAME **Nancy Anderson**  
STREET ADDRESS **2771 Oakview way**  
CITY-ST-ZIP **DAVIE, FL. 33328**

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

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:

*Rose Marie Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Marie Anderson

3-16-00

Date

954-434-4265

Daytime Phone #

CR2E034 (9/99)