

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90181 016 \*\*\*150.00

DOCUMENT # V20702

1. Entity Name

FAMOUS & HISTORIC TREE NURSERY, INC.

Principal Place of Business

Mailing Address

8701 OLD KINGS ROAD  
JACKSONVILLE FL 32219  
US

8701 OLD KINGS ROAD  
JACKSONVILLE FL 32219-2929  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R  
50 NORTH LAURA, STE 3300  
BARNETT CENTER  
JACKSONVILLE FL 32202

4. FEI Number

59-3113980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

225 Water Street, Suite 2050

City

Jacksonville

FL

Zip Code

32202

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	<input type="checkbox"/> Delete
NAME	MEYER, JEFFREY G	
STREET ADDRESS	8701 OLD KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, CHARLES W	
STREET ADDRESS	8701 OLD KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE-FL 32219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

904-765-0727

Daytime Phone #

CR2E034 (9/99)