



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

CHARLES H. BRONSON
COMMISSIONER

Make check payable and submit forms to:

Florida Department of Agriculture
and
Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314-6700

Phone (850) 922-0153
Fax (850) 921-8312

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files.
Note: All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a

Producer Agent Licensed Agricultural Products Dealer License Number _____

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

Spring Hill Nursery, Inc.
(Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

(407) - 886 - 5125 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 1921 Hill Drive
City: Apopka State: FL Zip: 32703

6. Legal name of Respondent (Dealer):

Green Thumb Landscaping and Irrigation, Inc.
(Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

DO NOT WRITE IN THIS SPACE

Org Code: 42060400000 EO: A2
Object Code: 001134

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JUL 02 2008



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I am filing this claim as a

Producer [checked] Agent [] Licensed Agricultural Products Dealer [] License Number _____

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

Spring Hill Nursery, Inc. (Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

(407) - 886 - 5125 Ext. _____

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Street Address or P.O. Box: 1921 Hill Drive City: Apopka State: FL Zip: 32703

6. Legal name of Respondent (Dealer):

Green Thumb Landscaping and Irrigation, Inc. (Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

Received

License & Bond JUL 16 2008

Division of Marketing

DO NOT WRITE IN THIS SPACE

Org Code: 42060400000 EO: A2

Object Code: 001134

09-02556193-0001

50.00 07/11/2008

Dep#991364

Florida Department of Agriculture and Consumer Services
Agricultural Products Dealer - Claim Form

8. Telephone Number of Respondent:

(352) - 429 - 8055 Ext. Cell 407-509-9837

9. Complete mailing address of Respondent:

Street Address or P.O. Box: P. O. Box 1581
City: Windermere State: FL Zip: 34766-1581

10. Legal name of Co-Respondent (Surety Company or Financial Institution):

Old Republic Surety Company

11. Complete mailing address of Co-Respondent:

Street Address or P.O. Box: P. O. Box 1635
City: Milwaukee State: WI Zip: 53201

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:
(Attach additional pages as necessary using same format.)

<u>DATE OF SALE</u>	<u>QUANTITY, PRODUCTS AND PRICE PER UNIT</u>	<u>INVOICE AMOUNT</u>
1-7-08	800 (1 gallon) Minima Jasmine	1480.00
	sales tax	96.20
		<u>1576.20</u>

13. Claim Total (Minimum Claim must equal \$500):

\$ 1576.20

Claim Filing Fee

\$ 50.00

Grand Total

\$ 1626.20

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17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.


I DECLARE THAT: (Select one)

- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in Orange County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(1), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or cop., an officer of claimant.)

Signature: Walter David Rubright
Print Name: WALTER DAVID RUBRIGHT Title: president

Before me, the undersigned, personally appeared (Owner, Partner or Officer) _____, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

to and subscribed before me this 1 day of JULY, 20 08.
 My Commission Expires Jan 2, 2011
Corah N. [Signature]
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____
My Commission Expires Jan 2, 2011

Claimant must submit the original and two copies of the claim form (each bearing original signatures and notarizations) together with three copies of all evidence documenting the sale(s). Claimant must provide a \$50 filing fee for each claim filed with the Department.

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Florida Department of Agriculture and Consumer Services
Agricultural Products Dealer - Claim Form

FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

1. Date of Sale: _____ Producer: _____

Producer's Address: _____

Commodity: _____ Amount: _____

2. Date of Sale: _____ Producer: _____

Producer's Address: _____

Commodity: _____ Amount: _____

3. Date of Sale: _____ Producer: _____

Producer's Address: _____

Commodity: _____ Amount: _____

4. Date of Sale: _____ Producer: _____

Producer's Address: _____

Commodity: _____ Amount: _____

5. Date of Sale: _____ Producer: _____

Producer's Address: _____

Commodity: _____ Amount: _____

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain _____

Purchased by Bruce Stratton of Green Thumb Land + Irr. Inc.
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain _____

Purchased from _____
(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

Invoice(s) Receipt(s) Manifest

Inspection Certificate Shipping Order Telegram

Other Explain _____

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Spring Hill Nursery

1921 Hill Drive
Apopka, Florida 32703
(407) 886-5125
TOLL FREE 1-866-525-2444

NUMBER 132762
P.O. #
DATE
SHIP DATE 1/7/08
SHIP VIA 1/7/08
TERMS Net 30

INVOICE

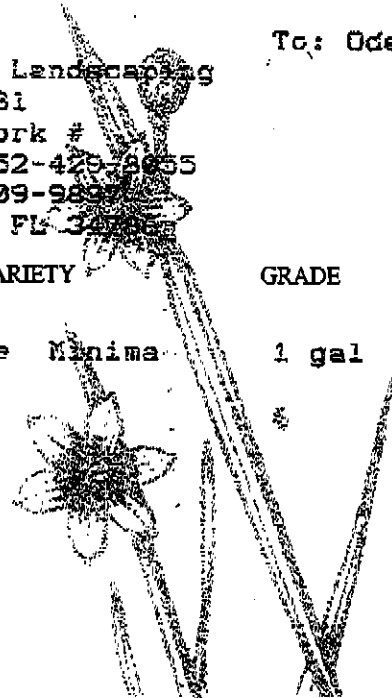
GTLA

Bruce
Green Thumb Landscaping
P.O. Box 1581
Nextel Network #
3042 1-352-429-8055
Bruce 407-509-9800
Windermere, FL 32098

To: Odessey Church

QTY	QTY	ORD	SHIP	VARIETY	GRADE	UNIT	PRICE	TOTAL
300				Jasmine Minima	1 gal		1.85	1,430.00

Handwritten: 1-7-08



To: Odessey Church (S. 545)

SALES AMOUNT: 1,430.00
 MISC: .00
 FREIGHT: .00
 SALES TAX: 96.20
 CASH: .00

TOTAL DUE: 1,576.20

REC BY: *Ray [Signature]*

FOB APOPKA, FL

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