



8810 IMMOKALEE ROAD • NAPLES, FLORIDA 34120  
NAPLES (239) 455-5151 • TOLL FREE 1-800-226-5251  
FAX (239) 455-0249

Chris Green, Chief  
Bureau of Agricultural Dealers Licenses  
407 S. Calhoun St. (M38)  
Tallahassee, FL 32399-0800

Re: Tree Plateau Co., Inc., d/b/a Pelican Nursery  
vs. Fawcett Homes, Inc. d/b/a Hampton Lawns

Mr. Green,

This letter is a request to amend the claim we have filed with your Department on the above named Respondent. The original Legal name of the Respondent was incorrect.

The original Respondents' name reads Fawcett Homes, Inc. d/b/a Hampton Lawns. However, the claim should be amended with the Respondents name changed to Hampton Lawns, LLC.

We have never sold any material to Fawcett Homes, Inc. We have only sold material to Hampton Lawns, LCC.

We have corrected our records to indicate the correct entity and have attached the corrected invoices.

Should you have any questions, or need any additional information, please contact me.

Thank you very much for your help in this matter.

Regards,

A handwritten signature in cursive script that reads "Kathryn E. Black".

p.p Carol Potter  
Treasurer, Tree Plateau Co., Inc.

RECEIVED

OCT 17 2008



AGRICULTURAL PRODUCTS DEALER COMPLAINT FORM

Section 604.21, Florida Statutes

CHARLES H. BRONSON COMMISSIONER

Make check payable and submit forms to:

Florida Department of Agriculture & 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 complaint. Please retain a copy of this form for your files.

Note: All documents and attachments submitted with this complaint are subject to public review pursuant to Chapter 119, F.S.

1. Type of Complaint:

I am filing this complaint as a

Producer [X] Agent [ ] Licensed Agricultural Products Dealer [ ] License Number \_\_\_\_\_

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

Tree Plateau Co., Inc.

(Individual's name, partners names, corporate name, co-op, etc.)

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

dba Pelican Nursery

4. Federal Employer Identification Number of Complainant:

13 - 5668757

5. Telephone Number of Complainant:

(239) - 455 - 5151 Ext. \_\_\_\_\_

6. Complete mailing address of Complainant:

Street Address or P.O. Box: 8810 Immokalee Road

City: Naples State: FL Zip: 34120

7. Legal name of Respondent (Dealer):

Fawcett Homes, Inc.

(Individual's name, partners names, corporate name, co-op, etc.)

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

dba Hampton Lawns

DO NOT WRITE IN THIS SPACE

Org Code: 4206040000 EO A2 Object Code: 001134

00-02504647-0001 50.00 03/19/2008 Dep#991983

9. Telephone Number of Respondent:  
(239) - 643 - 3399 Ext. \_\_\_\_\_

10. Complete mailing address of Respondent:  
 Street Address or P.O. Box: 4646 Domestic Ave., Suite 102  
 City: Naples State: FL Zip: 34104

11. Legal name of Co-Respondent (Surety Company or Financial Institution):  
 \_\_\_\_\_

12. Complete mailing address of Co-Respondent:  
 Street Address or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. Transaction(s): Complainants filing a complaint as a producer's agent must also complete Item 15:  
 (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> |
|---------------------|--|-----------------------|
| 10/3/2007           | 23105  | 223.00                |
| 10/12/2007          | 23303  | 9.54                  |
| 10/18/2007          | 23476  | 2,724.20              |
| 10/19/2007          | 23483  | 197.69                |
| 10/19/2007          | 23484  | 159.00                |
| 10/22/2007          | 23516  | 1,893.16              |
| 10/26/2007          | 23801  | 104.87                |
| 11/21/2007          | 24381  | 25.00                 |
| 12/14/2007          | 24865  | 92.22                 |
| 12/14/2007          | 24898  | 430.89                |
| 1/14/2008           | 25335  | 161.12                |
|                     | RETURNED CHECK BALANCE UNPAID                |                       |
|                     | RETURNED CHECK FEE # 1956                    |                       |

14. Complaint Total (Minimum Complaint must equal \$500): \$ 6020.69  
 Complaint Filing Fee \$ 50.00  
 Grand Total \$ 6070.69

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

**15. The producers of agricultural products involved in this complaint 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: \_\_\_\_\_

**16. The transaction(s) listed in Item 13 were made upon the conditions and manner as follows:**

**Terms of Sale:**

F.O.B.  Delivered  Other  Explain picked up

Purchased by \_\_\_\_\_  
(Respondent, Agent, or Employee)

**Manner of Purchase:**

After Inspection  By Telephone  By Telegram   
Other  Explain \_\_\_\_\_

Purchased from Various Fancett Homes Employees  
(Complainant, Agent or Employee)

**17. In support of this complaint, attached hereto is the following documentary evidence:**

Invoice(s)  Receipt(s)  Manifest   
Inspection Certificate  Shipping Order  Telegram   
Other  Explain \_\_\_\_\_

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

I DECLARE THAT: (Select one)

Complainant, as listed in Item 2, is the producer of the agricultural products listed in Item 13, which were produced in Collier County(s), Florida and sold to Respondent, as listed in Item 7, on the dates and in the amounts indicated. Respondent is justly indebted to Complainant 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.

Complainant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 15. The agricultural products listed in Item 13 were produced in \_\_\_\_\_ County(s), Florida and sold to Respondent, as listed in Item 7, on the dates and in the amounts indicated. Respondent is justly indebted to Complainant 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.

Complainant, 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 13. The agricultural products listed in Item 13 were produced in \_\_\_\_\_ County(s), Florida and sold to Respondent, as listed in Item 7, on the dates and in the amounts indicated. Respondent is justly indebted to Complainant 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 complaint must be an owner, partner, or, in the case of a corporation or co-op, an officer of complainant.)

Signature: Carol Potter

Print Name: CAROL Potter Title: Sec / Treas

Before me, the undersigned, personally appeared (Owner, Partner or Officer) \_\_\_\_\_, who states that he or she has read and understands the statements in Item 18 of this complaint and that all foregoing items are true and correct.

Sworn to and subscribed before me this 11<sup>th</sup> day of March, 2008.

Kathryn Beach

Kathryn E. Beach

(Print, Type or Stamp Commissioned Name & Notary Public)

(Signature of Notary Public)

Personally Known  or Produced Identification  Type of Identification Produced \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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

