

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0074140 AV

DOCUMENT # 289210

1. Entity Name
B. & E. GROVES INC

02-04-2002 90123 027 ***150.00

Principal Place of Business 430 S. FLORIDA AVE. P. O. BOX 997 DELAND FL 32721-7997	Mailing Address 430 S. FLORIDA AVE. P. O. BOX 997 DELAND FL 32721-7997
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1089572		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BRILLANTE, GEORGE F. 430 S. FLORIDA AVE. DELAND FL 32720				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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILLANTE, GEORGE F		NAME		
STREET ADDRESS	430 SOUTH FLORIDA AVE		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDSON, HAYWARD		NAME		
STREET ADDRESS	800 WEST EUCLID		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILLANTE, MARILYN K		NAME		
STREET ADDRESS	430 SOUTH FLORIDA AVE		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDSON, ROSE T.		NAME		
STREET ADDRESS	800 WEST EUCLID		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information furnished with this filing does not qualify for the exemption under § 609.07(3)(i), Florida Statutes. I further certify that the information indicates that the 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. I am a resident of the State of Florida with an address, with all other like empowered.

SIGNATURE: George F. Brillante Pres. 1-11-02
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)