

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90180 008 ***150.00

0697629 FP

DOCUMENT # 586393

1. Entity Name
BAY LAKE GROVES, INC.



Principal Place of Business
**9210 BAYLAKE RD
GROVELAND FL 34736**

Mailing Address
**3342 PINECREST DRIVE
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1867761**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHOEMAKER, D.P
3342 PINEHURST DRIVE
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P KUHARSKE, MILTON
STREET ADDRESS **2035 BIGLERVILLE ROAD**
CITY-ST-ZIP **GETTYSBURG PA**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
T SHOEMAKER, D.P
STREET ADDRESS **3392 PINHURST DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
S KAHARSKE, EDWARD
STREET ADDRESS **831 MAPLE WOOD DR**
CITY-ST-ZIP **IDAHO FALLS ID 83401**

TITLE NAME ☒ Change ☐ Addition
S NANCY BAYSINGER
STREET ADDRESS **12648 LAKE SHORE DR**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE NAME ☒ Delete
VP KUHARSKE, CHARLES
STREET ADDRESS **9210 BAY LAKE RD**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE NAME ☒ Change ☐ Addition
VP CYNTHIA KUHARSKE
STREET ADDRESS **9210 BAYLAKE ROAD**
CITY-ST-ZIP **GROVELAND, FL 32370**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REDOUBLED SHOEMAKER** **4-6-03** **561965598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)