

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90014 002 \*\*\*550.00

**DOCUMENT # K60779**

1. Entity Name

**3JC GROVES, INC.**

Principal Place of Business

19645 HIGHWAY 98 NORTH  
 OKEECHOBEE FL 34972

Mailing Address

19645 HIGHWAY 98 NORTH  
 OKEECHOBEE FL 34972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0114473**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLEMONS, OTIS J.**  
**19645 HWY 98 NORTH**  
**OKEECHOBEE FL**

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  Delete  
 NAME **DP**  
**CLEMONS, OTIS J.**  
 STREET ADDRESS **19645 HWY 98 NORTH**  
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**CLEMONS, DEBORAH S.**  
 STREET ADDRESS **19645 HWY 98 NORTH**  
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**CLEMONS, DEBORAH S.**  
 STREET ADDRESS **19645 HWY 98 NORTH**  
 CITY-ST-ZIP **OKKEECHOBEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
**CRUM, JESSE**  
 STREET ADDRESS **8772 US HIGHWAY 98**  
 CITY-ST-ZIP **LORIDA FL**

TITLE  Change  Addition  
 NAME **DV**  
**Ida Clemons**  
 STREET ADDRESS **197 SW 24th Ave.**  
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 another like empowered.

SIGNATURE:

*Ida Clemons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

Daytime Phone #

CR2E034 (5/00)