

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09911

1. Entity Name

LAKE JESSUP GROVES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90088 024 ***150.00

Principal Place of Business

413 W FIRST STREET
SANFORD FL 32771
US

Mailing Address

413 W FIRST STREET
SANFORD FL 32771-1207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3110551

Applied For
Not Applicable

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

WALLACE, GEORGE B
413 W FIRST STREET
SANFORD FL 32771

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 \$150.00
After MAY 1, 2000 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 P
NAME WALLACE, GEORGE B
STREET ADDRESS 413 W FIRST STREET
CITY-ST-ZIP SANFORD FL ☐ Delete

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

TITLE VT
NAME BALES, JEFFREY C
STREET ADDRESS 3418 S ORLANDO DR
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE VT
NAME BALES, JEFFREY C.
STREET ADDRESS 2910 W. LAKE MARY BLVD
CITY-ST-ZIP LAKE MARY, FL 32746 ☒ Change ☐ Addition

TITLE VP
NAME LINGLE, G. KURT
STREET ADDRESS 111 LOCK ARBOR CT.
CITY-ST-ZIP SANFORD FL ☐ Delete

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

TITLE VPS
NAME TRAMMELL, JOE B
STREET ADDRESS 720 N RIO GRANDE AVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

(407) 323-3660

Daytime Phone #

CR2E034 (9/99)