## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 186453**

1. Entity Name

HOLIDAY GROVES, INC.

## 03-04-2000 90001 022 \*\*\*150.00 'Mailing Address' ---Principal Place of Business 12 LAGUNA CT laguna CT PALM COAST FL 32137-2107; COAST FL 32137 ΙÚŚ 2. Principal Place of Business 3. Mailing Address , 5,1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State . 4. FEI Number City & State 59-0758653 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALL, THOMAS Street Address (P.O. Box Number is Not Acceptable) 12 LAGUNA CT PALM COAST FL 32137 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE **BALL, THOMAS** NAME 934 STREET ADDRESS STREET ADDRESS 12 LAGUNA CT CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Change ☐ Addition STD TITLE ☐ Delete TITLE BALL, BETTY JO NAME NAME 12 LAGUNA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Addition Change ☐ Delete

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

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**FILED** 

Mar 04, 2000 8:00 am Secretary of State