

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196669

1. Entity Name

LAKE TRIMBEY GROVES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90193 026 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 547853
ORLANDO FL 32854-7853

P.O. BOX 547853
ORLANDO FL 32854-7853

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 **59-6078183**

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

BRADSHAW, C.E. JR.
1216 N PARK AVENUE
WINTER PARK FL 32789

Name
Bradshaw, C.E. Jr.
Street Address (P.O. Box Number is Not Acceptable)
22051 N. O'Brien Rd.

City **Howey-in-the-Hills** **FL** Zip Code **34737**

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 ☐ Delete
NAME PD
STREET ADDRESS BRADSHAW, C.E. JR.
CITY-ST-ZIP 1216 N PARK AVENUE
WINTER PARK FL

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS Bradshaw, C.E. Jr
CITY-ST-ZIP 22051 N. O'Brien Rd
Howey-in-the-Hills, Fl. 32804

TITLE ☐ Delete
NAME T
STREET ADDRESS SUGGS, JEAN S
CITY-ST-ZIP 26603 W. COVE DR.
TAVARES FL

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

TITLE ☐ Delete
NAME EVP
STREET ADDRESS HIGHTOWER, L. C
CITY-ST-ZIP 1814 GERDA TERRACE
ORLANDO FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)