

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 209107

1. Entity Name

NEAL GROVES COMPANY, INC

Principal Place of Business

1882 SE AIRES LANE
PORT SAINT LUCIE FL 34984
US

Mailing Address

1882 SE AIRES LANE
PORT SAINT LUCIE FL 34984
US

2. Principal Place of Business

8109 AUSTER PL

Suite, Apt. #, etc.

3. Mailing Address

8109 AUSTER PL

Suite, Apt. #, etc.

City & State

ST. LUCIE WEST, FL

Zip
34986

Country
USA

City & State

ST. LUCIE WEST, FL

Zip
34986

Country
USA

4. FEI Number

59-6066820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAHARAKO, DOROTHY
1882 SE AIRES LANE
PORT SAINT LUCIE FL 34984

7. Name and Address of New Registered Agent

Name: DOROTHY ZAHARAKO

Street Address (P.O. Box Number is Not Acceptable)

8109 AUSTER PL

City ST. LUCIE WEST

FL

Zip Code 34986

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

Dorothy Zaharako

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/01

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLETCHER, HOWARD	
STREET ADDRESS	370 LINCOLN STREET	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FLETCHER, MARY BETH	
STREET ADDRESS	370 LINCOLN STREET	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZAHARAKO, DOROTHY	
STREET ADDRESS	11707 S DIXIE HWY #143	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY ZAHARAKO	
STREET ADDRESS	8109 AUSTER PL	
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dorothy Zaharako as Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

561-4890219

Daytime Phone #

0584023

CR2E034 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90006 040 ***150.00

604311



DO NOT WRITE IN THIS SPACE