

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 221413

1. Entity Name

LINCOLN GROVES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90007 028 ***150.00

Principal Place of Business

1110 W IVANHOE BLD
#26
ORLANDO FL 32804
US

Mailing Address

1110 W IVANHOE BLD
#26
ORLANDO FL 32804-6372
US

2. Principal Place of Business

1529 MAYFLOWER CT

Suite, Apt. #, etc.

Winter Park FL

City & State

3. Mailing Address

40 WITTENSTEIN

Suite, Apt. #, etc.

1529 MAYFLOWER CT

City & State

Winter Park FL 32792

Zip

Country

32792

U.S.A.

Zip

Country

32792

USA

4. FEI Number

59-6064608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WISE, ZELIG O.
3813 LAKE SARAH DRIVE
ORLANDO FL 32804

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 ZELIG O. WISE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WITTENSTEIN, JOSEPH	
STREET ADDRESS	1812 INVAHOE RD	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WISE, ZELIG O.	
STREET ADDRESS	3813 LAKE SARAH DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WISE, ABE O.	
STREET ADDRESS	1501 ANCHOR CT.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMBERG, JOAN	
STREET ADDRESS	12091 43RD ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAIDER, MARTHA	
STREET ADDRESS	52 HAROLD ST.	
CITY-ST-ZIP	SHARON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBERT, THEODORE M	
STREET ADDRESS	12 PEPPER BUSH CIR	
CITY-ST-ZIP	SAVANNAH GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTENSTEIN, JOSEPH	
STREET ADDRESS	1529 MAYFLOWER CT	
CITY-ST-ZIP	Winter Park FL 32792	
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		
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:

Joseph Wittenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Wittenstein
1529 Mayflower Court
Winter Park, FL 32792

Daytime Phone #

CR2E034 (9/99)