

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 227619

1. Entity Name

LAKE AGNES GROVE CORPORATION

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90138 014 \*\*\*150.00

Principal Place of Business

2845 N. COUNTRY CLUB RD.  
BOX 1757  
WINTER HAVEN FL 33882

Mailing Address

2845 N. COUNTRY CLUB RD.  
BOX 1757  
WINTER HAVEN FL 33882-1757

2. Principal Place of Business

1807 Woodpointe Dr

3. Mailing Address

P.O. Box 1757

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1757

City & State  
Winter Haven FL

City & State  
Winter Haven FL

Zip  
33882

Country

Zip  
33882

Country

USA

4. FEI Number

59-0889499

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

SIMPSON JR, W T  
2845 N. COUNTRY CLUB RD.  
WINTER HAVEN FL 33882-8757

Name

Simpson Jr, W.T.

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

1807 Woodpointe Dr. 33884

P.O. Box 1757

City

Winter Haven

FL

Zip Code

33882

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

*W.T. Simpson Jr*  
Signature, typed or printed name of registered agent and title if applicable.

W.T. Simpson, Jr.

(NOTE: Registered Agent signature required when reinstating)

1/6/2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SIMPSON JR, W T  
2845 N. COUNTRY CLUB RD.  
WINTER HAVEN, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Simpson Jr, W.T.  
1807 Woodpointe Dr  
Winter Haven, FL 33884 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SIMPSON, KAREN E  
2845 N. COUNTRY CLUB RD.  
WINTER HAVEN, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Simpson, Karen E  
1807 Woodpointe Dr.  
Winter Haven, FL 33884 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SMITH III, CHARLES C  
1327 MIRROR TERR. N.W.  
WINTER HAVEN, FL 00000 ☐ 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

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)(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:

*W.T. Simpson Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

Date

863-324-1292

Daytime Phone #