

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 227620

1. Entity Name

LAKE TENNESSEE GROVE CORPORATION

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.

Suite, Apt. #, etc.

P.O. Box 1757

City & State
Winter Haven, FL

Zip
33882

Country
USA

3. Mailing Address

P.O. Box 1757

Suite, Apt. #, etc.

Winter Haven, FL

City & State

Zip
33882

Country

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

03-20-2000 90138 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0889500

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.

BOX 1757

WINTER HAVEN FL 33882-8757

Name

Simpson Jr, W T.

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

1807 Woodpointe Dr.

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 | PD | <input type="checkbox"/> Delete |
| NAME | SIMPSON JR, W T | |
| STREET ADDRESS | 2845 N. COUNTRY CLUB RD. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SIMPSON, KAREN E | |
| STREET ADDRESS | 2845 N. COUNTRY CLUB RD. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SMITH, CHARLES C, III | |
| STREET ADDRESS | 1327 MIRROR TERR. N.W. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 00000 | |
| 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 | | |

| | | |
|----------------|------------------------|--|
| TITLE | Simpson Jr, W T. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1807 Woodpointe Dr. | |
| STREET ADDRESS | Winter Haven FL 33884 | |
| CITY-ST-ZIP | | |
| TITLE | Simpson, Karen E. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1807 Woodpointe Dr. | |
| STREET ADDRESS | Winter Haven, FL 33884 | |
| 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:

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

Date

Daytime Phone #

1/6/2000 863-324-1292

CR2E034 (9/99)