

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 235523

1. Entity Name

GARRARD GROVE SERVICE, INC.

Principal Place of Business

Mailing Address

4840 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884
US

P.O. DRAWER 7329
WINTER HAVEN FL 33883-7329
US

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 59-0887001

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

GARRARD, DOUGLAS L.
#5 GROVE COURT, S.E.
WINTER HAVEN FL 33884

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

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 D ☐ Delete
NAME GARRARD, GEORGE B JR
STREET ADDRESS 922 S. HERON CIR. S.E.
CITY-ST-ZIP WINTER HAVEN, FL 00000

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

TITLE PD ☒ Delete
NAME GARRARD, RAY S
STREET ADDRESS 2730 AQUA CT.
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE VD ☒ Delete
NAME GARRARD, THOMAS W
STREET ADDRESS 520 E OLYMPIA AVENUE
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE STD ☐ Delete
NAME GARRARD, DOUGLAS L.
STREET ADDRESS # 5 GROVE COURT, S.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE STDV ☒ Change ☐ Addition
NAME GARRARD, DOUGLAS L.
STREET ADDRESS #5 GROVE COURT, S.E.
CITY-ST-ZIP WINTER HAVEN, FL. 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME LAURA G. FELIX
STREET ADDRESS 5950 PELICAN BAY PLAZA #501
CITY-ST-ZIP GULFPORT, FL. 33707

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:

Douglas L. Garrard

2/16/00

863-324-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90057 023 ***150.00

715778



DO NOT WRITE IN THIS SPACE