

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 236640

1. Entity Name

MACK'S GROVES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90021 021 ***150.00

Principal Place of Business

1180 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062-4322

Mailing Address

1180 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062-4322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0910433

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MASSINGILL, JOAN V
1180 N. FEDERAL HWY.
POMPANO BEACH FL 33062

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	TD	<input type="checkbox"/> Delete
NAME	VRANA, EDWARD J	
STREET ADDRESS	4405 N. OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	VRANA, EVA F	
STREET ADDRESS	4405 N. OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSINGILL, JOAN VRANA	
STREET ADDRESS	2731 NE 10 STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAN, MIDDELEM ERIC	
STREET ADDRESS	1180 N. FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHESHIER, DARLA VRANA	
STREET ADDRESS	227 CORSAIR	
CITY-ST-ZIP	LAUDERDALE-BY-SEA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MASSINGILL, JERRY	
STREET ADDRESS	2731 NE 10 STREET	
CITY-ST-ZIP	POMPANO BCH. FL	

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00

954-941-4528

CR2E034 (9/99)