

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 236640**1. Entity Name  
**MACK'S GROVES, INC.**

Principal Place of Business 1180 NORTH FEDERAL HIGHWAY  POMPANO BEACH FL 330624322	Mailing Address 1180 NORTH FEDERAL HIGHWAY  POMPANO BEACH FL 330624322
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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  
**59-0910433**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MASSINGILL JOAN V**  
1180 N. FEDERAL HWY.  
  
POMPANO BEACH FL 33062 US**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 **JOAN V MASSINGILL****04/30/2001**

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	MASSINGILL, JERRY	
STREET ADDRESS	2731 NE 10 STREET	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHESHER, DARLA VRANA	
STREET ADDRESS	227 CORSAIR	
CITY-ST-ZIP	LAUDERDALE-BY-SEA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAN MIDDELEM ERIC	
STREET ADDRESS	1180 N. FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASSINGILL, JOAN VRANA	
STREET ADDRESS	2731 NE 10STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	VRANA,EVA F	
STREET ADDRESS	4405 N. OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VRANA,EDWARD J	
STREET ADDRESS	4405 N. OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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: JOAN VRANA MASSINGILL**

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)