2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2000 08:00 AM DOCUMENT # 238842 1. Entity Name **Secretary of State** OLD LAKE COUNTY GROVE, INC. Principal Place of Business Mailing Address C/O R. DOUGLAS SADLER, JR. C/O R. DOUGLAS SADLER JR. 15732 S. R. 438 P O BOX 902 OCOEE OCOEE FL FL 34761 34761 US 2. Principal Place of Business 3. Mailing Address 1302 W. FAIRBANKS C/O JONATHON A. MOORE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1302 W. FAIRBANKS City & State City & State 4. FEI Number Applied For WINTER PARK FL WINTER PARK FL 59-0923211 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SADLER, JR. R. DOUGLAS MOORE JONATHON 15732 S. R. 438 Street Address (P.O. Box Number is Not Acceptable) 1302 W. FAIRBANKS OCOEE FL 34761 City Zip Code WINTER PARK 32789 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. 07/20/2000 JONATHON A. MOORE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TS N Delete TITLE ☐ Change ☐ Addition SADLER HIETT REBECCA NAME STREET ADDRESS 5770 HIRAM POWDER SPRINGS RD STREET ADDRESS CITY-ST-ZIP POWDER SPRINGS GACITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition NAME R. DOUGLAS JONATHON A SADLER, JR. NAME MOORE STREET ADDRESS 15732 S. R. 438 STREET ACCRESS 1302 W. FAIRBANKS CITY-ST-ZIF WINTER PARK OCOFE FI. 34761 CITY-ST-718 FT. 32789 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.