

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 238842**

1. Entity Name  
 OLD LAKE COUNTY GROVE, INC.

Principal Place of Business C/O R. DOUGLAS SADLER JR. 15732 S. R. 438 OCOEE FL 34761 US	Mailing Address C/O R. DOUGLAS SADLER, JR. P O BOX 902 OCOEE FL 34761 US
--	---

2. Principal Place of Business 1302 W. FAIRBANKS	3. Mailing Address C/O JONATHON A. MOORE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1302 W. FAIRBANKS

City & State WINTER PARK FL	City & State WINTER PARK FL
--------------------------------	--------------------------------

Zip 32789	Country US	Zip 32789	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-0923211</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SADLER, JR. R. DOUGLAS  
 15732 S. R. 438  
 OCOEE FL 34761 US

7. Name and Address of New Registered Agent

Name  
MOORE JONATHON A  
 Street Address (P.O. Box Number is Not Acceptable)  
1302 W. FAIRBANKS  
 City  
WINTER PARK FL Zip Code  
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.

SIGNATURE JONATHON A. MOORE 07/20/2000  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SADLER HIETT REBECCA 5770 HIRAM POWDER SPRINGS RD POWDER SPRINGS GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADLER, JR. R. DOUGLAS 15732 S. R. 438 OCOEE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE JONATHON A 1302 W. FAIRBANKS WINTER PARK FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jonathon A. Moore PD 07/20/2000