

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90487 006 ***150.00

DOCUMENT # 242510

1. Entity Name

SILVER SPRINGS GROVES, INC.



Principal Place of Business

P.O. BOX 1479

OCALA FL 34478

US

Mailing Address

P.O. BOX 1479

OCALA FL 34478

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GALLOWAY, MARY C

1701 SE FORT KING STREET

OCALA FL 34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCLEOD, STEVEN M.	
STREET ADDRESS	1010 N.E. 46TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	GALLOWAY, MARY C	
STREET ADDRESS	1720 S.W. 42ND RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALLOWAY, NOLAN C. JR.	
STREET ADDRESS	1720 S.W. 42ND RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCLEOD, JOHN M.	
STREET ADDRESS	3402 S.E. 15TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John m mcleod	
STREET ADDRESS	1228 SE 20 AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec, VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John m mcleod	
STREET ADDRESS	1228 SE 20 AVE	
CITY-ST-ZIP	OCALA FL 34471	
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		

CR2E034 (10/02)

12. 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 10 or Block 11 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 #