

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 253838**

1. Entity Name

SPACE GROVES, INC.

Principal Place of Business

**120 SOUTH DILLARD STREET
P.O. BOX 770218
WINTER GARDEN FL 34777
US**

Mailing Address

**120 SOUTH DILLARD STREET
P.O. BOX 770218
WINTER GARDEN FLA 34777
US**

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 **59-0997114**

Applied For

Not Applicable

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

**DUPPENTHALER, D E
120 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	PURDY, DOUGLAS C	
STREET ADDRESS	120 S DILLARD STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, THOMAS	
STREET ADDRESS	120 S DILLARD STREET	
CITY-ST-ZIP	WINTER GRDNS, FL 00000 34787	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUPPENTHALER, DE	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GRDNS, FL 00000 34787	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ROPER, CHARLIE F	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	AST	<input type="checkbox"/> Delete
NAME	JACOBS, JOHN JR.	
STREET ADDRESS	120 S DILLARD STREET	
CITY-ST-ZIP	WINTER GRDNS, FL 00000 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANDINI, ALFRED	
STREET ADDRESS	120 S DILLARD ST	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

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	
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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: **D.E. DUPPENTHALER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

407 656-3233

Daytime Phone #

CR2E034 (10/00)