

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 268441

1. Entity Name

R.H. LAWHON GROVES, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90039 002 \*\*\*150.00

Principal Place of Business

2011 LAKE LOTELA DR  
AVON PARK FL 33825  
US

Mailing Address

2011 LAKE LOTELA DR.  
AVON PARK FL 33825-8031  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1017629**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

FOSTER, DAVID L.  
555 4TH STREET NORTH  
ST. PETERSBURG FL 33701

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	<del>LAWHON, CHARLES H SR</del>	
STREET ADDRESS	<del>4522 MORRIS RD</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>	
TITLE	AST	<input type="checkbox"/> Delete
NAME	FOSTER, DAVID L.	
STREET ADDRESS	555 4TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>TURNBULL, MARGARET L</del>	
STREET ADDRESS	<del>2011 LAKE LOTELA DR</del>	
CITY-ST-ZIP	<del>AVON PARK FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWHON, ANNA ELIZABETH	
STREET ADDRESS	4522 MORRIS RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, DOROTHY L.	
STREET ADDRESS	4801 SANGER AVE. #17	
CITY-ST-ZIP	WACO TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNBULL, MARGARET L.	
STREET ADDRESS	2011 LAKE LOTELA DR.	
CITY-ST-ZIP	AVON PARK, FL 33825-8031	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWHON, ANNA ELIZABETH	
STREET ADDRESS	4522 MORRIS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DOROTHY L.	
STREET ADDRESS	2707 WOODLAND DRIVE	
CITY-ST-ZIP	WACO, TX 76710-2155	
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: *Margaret L. Turnbull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARGARET L. TURNBULL, PRESIDENT

Jan. 22, 2000 (941) 453-3834

Date

Daytime Phone #

CR2E034 (9/99)