

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 269640

1. Entity Name

LAKE-LUCIE GROVES, INC.

Principal Place of Business

1313 W MIDWAY ROAD
FT PIERCE FL 34982
US

Mailing Address

P.O. BOX 12280
FT. PIERCE FL 34979-2280
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1358603

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

BARBIEUX, W D
PICCIOLA RD
LEESBURG FL

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	VT	<input type="checkbox"/> Delete
NAME	BRADLEY, J.K.	
STREET ADDRESS	1605 BORDEAUX DR.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARBIEUX, W D	
STREET ADDRESS	PICCIOLA ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VANN, BETTY S	
STREET ADDRESS	ST RD 478	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BARBIEUX, JANN K.	
STREET ADDRESS	RT. 3, BOX 1733	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

W D Barbieux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. D. Barbieux

3-22-00

561-465-9900

Date

Daytime Phone #

CR2E034 (9/99)