

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
 02-16-2000 90018 004 ***150.00

DOCUMENT # 274909

1. Entity Name

GARFIELD GROVES CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 1591
 BARTOW FL 33831

P.O. BOX 1591
 BARTOW FL 33831-1591

2. Principal Place of Business

875 Eddie Flood Rd.

3. Mailing Address

3105 W. Waters Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#208

City & State

Bartow, FL

City & State

Tampa, FL

Zip

Country

Polk

Zip

33614

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1082378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RUSTER, BARBARA J
3420 GANDY RD.
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

Barbara Keithly

Street Address (P.O. Box Number is Not Acceptable)

3105 W. Waters Ave.

#208

City

Tampa

FL

Zip Code

33614

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

Barbara Keithly

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

(NOTE: Registered Agent signature required when reinstating)

1/25/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	RUSTER, BARBARA J	
STREET ADDRESS	3420 GANDY RD.	
CITY-ST-ZIP	BARTOW FL 33830	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Keithly	
STREET ADDRESS	3105 W. Waters Ave #208	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ellington	
STREET ADDRESS	3334 Hwy 27 South	
CITY-ST-ZIP	Lake Wales, FL 33853	
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		
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:

Barbara Keithly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 (813) 935-4894

Date

Daytime Phone #

CR2E034 (9/99)