

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90010 018 ***150.00

DOCUMENT # 281862

1. Entity Name

GABRIEL GROVE SERVICE INC

Principal Place of Business

Mailing Address

ALTURAS LOOP ROAD
 POST OFFICE BOX 86
 ALTURAS FL 33820

ALTURAS LOOP ROAD
 POST OFFICE BOX 86
 ALTURAS FL 33820-0086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1060776

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

TILLIS JR., MONTE J.
 190 SOUTH BROADWAY
 P.O. BOX 37
 BARTOW FL 33830

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABRIEL, I.J. | NAME | |
| STREET ADDRESS | OAK DRIVE P.O. BOX 212 | STREET ADDRESS | |
| CITY-ST-ZIP | ALTURAS FL | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, MARY NELL | NAME | |
| STREET ADDRESS | OAK DRIVE P.O. BOX 206 | STREET ADDRESS | |
| CITY-ST-ZIP | ALTURAS FL | CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLATER, DINAH KAY | NAME | |
| STREET ADDRESS | OAK DRIVE P.O. BOX 224 | STREET ADDRESS | |
| CITY-ST-ZIP | ALTURAS FL | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABRIEL, T.A. | NAME | |
| STREET ADDRESS | SCHRECK ROAD BOX 86 | STREET ADDRESS | |
| CITY-ST-ZIP | ALTURAS FL | CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABRIEL, DOROTHY (ASST) | NAME | |
| STREET ADDRESS | SCHRECK ROAD BOX 86 | STREET ADDRESS | |
| CITY-ST-ZIP | ALTURAS FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Dinah Kay Slater / Dinah Kay Slater
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-00
 Date

963-537-1524
 Daytime Phone #

CR2E034 (9/99)