

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 284648**

1. Entity Name

SMOAK GROVES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90027 021 ***150.00

Principal Place of Business

1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852

Mailing Address

1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852

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 **59-1082258**

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**SMOAK, JOHN F., JR.
1025 COUNTY RD 17 NORTH
LAKE PLACID FL 33852

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 State10. 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 ASD ☐ Delete
NAME SMOAK, PHILIP L
STREET ADDRESS 6781 STATE ROAD 66
CITY-ST-ZIP ZOLFO SPRINGS FL 33890TITLE AS ☒ Change ☒ Addition
NAME SMOAK, SAMANTHA L.
STREET ADDRESS 6995 ST 66
CITY-ST-ZIP ZOLFO SPRINGS FLTITLE PDT ☐ Delete
NAME SMOAK, JOHN F. JR
STREET ADDRESS 1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP LAKE PLACID FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSD ☐ Delete
NAME SMOAK, EDWARD L
STREET ADDRESS 1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP LAKE PLACID FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE AS ☐ Delete
NAME EURES, LEIGH S.
STREET ADDRESS 1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP LAKE PLACID FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME SMOAK, PHYLLIS L.
STREET ADDRESS 6995 ST 66
CITY-ST-ZIP ZOLFO SPRINGS FLTITLE AT ☐ Change ☒ Addition
NAME SMOAK, EDWARD L. JR.
STREET ADDRESS 1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP LAKE PLACID FLTITLE AVD ☐ Delete
NAME SMOAK, JOHN F III
STREET ADDRESS 1025 CR 17 N
CITY-ST-ZIP LAKE PLACID FLTITLE ASD ☐ Change ☒ Addition
NAME SMOAK, MASON G.
STREET ADDRESS 1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP LAKE PLACID FL

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, 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. SMOAK, JR. 1/16/01(863)465-2561

Date

Daytime Phone #

CR2E034 (10/00)