

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90334 012 ***150.00

DOCUMENT # 292330

1. Entity Name

LASTINGER GROVES INC

Principal Place of Business

**C/O DOROTHY L BARNETT
 522 NE 1ST ST
 FT MEADE FL 33841**

Mailing Address

**C/O DOROTHY L BARNETT
 522 NE 1ST ST
 FT MEADE FL 33841**

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 **59-1104638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNETT, DOROTHY L
 522 N E FIRST ST
 FORT MEADE FL 33841**

Name

DAVE H BARNETT

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

522 NE FIRST ST

City

FORT MEADE

FL

Zip Code

33841

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 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** ☒ Delete
 NAME **BARNETT, DOROTHY L**
 STREET ADDRESS **522 N.E. FIRST ST.**
 CITY-ST-ZIP **FORT MEADE FL**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **DAVE H BARNETT**
 STREET ADDRESS **522 NE FIRST ST**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE **VD** ☐ Delete
 NAME **MARKETTE, VIOLET L.**
 STREET ADDRESS **300 JOHNSON FERRY RD, NE, APT B-204**
 CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LASTINGER, DONALD R.**
 STREET ADDRESS **3224 SAXON DRIVE**
 CITY-ST-ZIP **LEXINGTON KY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **WEED, SHARON L**
 STREET ADDRESS **11973 ELIZABETH ANN COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **LASTINGER, MARION L**
 STREET ADDRESS **1575 AVON PARK CUT OFF ROAD**
 CITY-ST-ZIP **FORT MEADE FL 33841**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DAVE H. BARNETT
Dave H Barnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01
 Date

863-285-7533
 Daytime Phone #