

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294703

1. Entity Name

BAILEY GROVES, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90059 041 ***158.75

Principal Place of Business

1331 HWY 655
AUBURNDALE FL 33823

Mailing Address

1331 HWY 655
AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1097616

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

BAILEY, R WAYNE
1331 HWY 655
AUBURNDALE FL 33823

Name

ROBERT F. BAILEY

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

1331 Hwy 655

City

AUBURNDALE, FL

Zip Code

33823

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

Robert F. Bailey

2-2-00

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	DP	<input type="checkbox"/> Delete
NAME	BAILEY, R WAYNE	
STREET ADDRESS	785 BERKLEY RD	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HART, THOMAS E.	
STREET ADDRESS	2047 RYAN RD. SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, ROBERT F	
STREET ADDRESS	1331 HWY 655	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEATHERWAY, ANN	
STREET ADDRESS	3860 BLOSSOM ST.	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, SUSAN H	
STREET ADDRESS	6527 STOVINGTON ST	
CITY-ST-ZIP	TAMPA FL	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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:

Robert F. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. BAILEY

Date

Daytime Phone #

863-984-1046

CR2E034 (9/99)