

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295374

1. Entity Name

PRATT GROVES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90015 018 ***150.00

Principal Place of Business

Mailing Address

101 FAIRWAY DRIVE
HAINES CITY FL 33844

101 FAIRWAY DRIVE
HAINES CITY FLA 33844-8887

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1097439

Applied For
Not Applied

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

PRATT, JAMES B., SR.
101 FAIRWAY DRIVE
33844
HAINES CITY FL 33844

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

TITLE VP
NAME HORINE, MARIE P.
STREET ADDRESS WESTMINISTER APT 314C 501 V. ES. RD.
CITY-ST-ZIP LYNCHBURG VA ☐ Delete

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

TITLE DP
NAME PRATT, JAMES B
STREET ADDRESS 101 FAIRWAY DR.
CITY-ST-ZIP HAINES CITY FL ☐ Delete

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

TITLE DST
NAME PRATT, JEAN P
STREET ADDRESS 101 FAIRWAY DR.
CITY-ST-ZIP HAINES CITY FL ☐ Delete

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

TITLE VP
NAME MILLER, JEANNE P.
STREET ADDRESS 161 LAGUNITAS RD.
CITY-ST-ZIP ROSS CA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN P. PRATT *JEAN P. PRATT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-2000