

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 315551

1. Entity Name **GUTWEIN GROVES, INC.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90012 004 \*\*\*150.00

Principal Place of Business Mailing Address  
823 FT. THOMPSON AVE. 823 FT. THOMPSON AVE.  
P. O. BOX 158 P. O. BOX 158  
LABELLE FL 33935 LABELLE FL 33935-5120

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 **59-1165549**

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

**BEER, VICTOR**  
**823 FT THOMPSON AVENUE**  
**LABELLE FL 33935**

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 \_\_\_\_\_ (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 ☐ Delete  
NAME **PD BEER, VICTOR**  
STREET ADDRESS **823 FT THOMPSON AVENUE**  
CITY-ST-ZIP **LABELLE FL**

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

TITLE ☐ Delete  
NAME **ST SIDNEY LEMAN**  
STREET ADDRESS **BOV 562- VIOLET DR 15**  
CITY-ST-ZIP **FRANCESVILLE IN**

TITLE ☒ Change ☐ Addition  
NAME **VICE President**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D. GUDEMAN, WENDELL**  
STREET ADDRESS **823 FT THOMPSON AVENUE**  
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ Change ☒ Addition  
NAME **Secretary Frank Gutwein**  
STREET ADDRESS **1142 N Blackberry Lane**  
CITY-ST-ZIP **EAST PEORIA, IL 61611**

TITLE ☐ Delete  
NAME **AS DOROTHY BEER**  
STREET ADDRESS **823 FT THOMPSON AVE**  
CITY-ST-ZIP **LA BELLE FL**

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

TITLE ☐ Delete  
NAME **TCFO GUTWEIN, BRENT C**  
STREET ADDRESS **909 E STUART DR**  
CITY-ST-ZIP **RINSELAC IN 47987**

TITLE ☒ Change ☐ Addition  
NAME **GUTWEIN, BRENT C.**  
STREET ADDRESS **909 E STEWART DR.**  
CITY-ST-ZIP **RENSSELAER, IN 47978**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)