

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2000 90012 004 ***150.00

DOCUMENT # 315551

1. Entity Name
GUTWEIN GROVES, INC.

Principal Place of Business 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935	Mailing Address 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935-5120
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	
TITLE NAME PD BEER, VICTOR	<input type="checkbox"/> Delete
STREET ADDRESS 823 FT THOMPSON AVENUE	
CITY-ST-ZIP LABELLE FL	
TITLE NAME ST SIDNEY LEMAN	<input type="checkbox"/> Delete
STREET ADDRESS BOV 562- VIOLET DR 15	
CITY-ST-ZIP FRANCESVITTE IN	
TITLE NAME D. GUDEMAN, WENDELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 823 FT THOMPSON AVENUE	
CITY-ST-ZIP LABELLE FL	
TITLE NAME AS DOROTHY BEER	<input type="checkbox"/> Delete
STREET ADDRESS 823 FT THOMPSON AVE	
CITY-ST-ZIP LA BELLE FL	
TITLE NAME TCFO GUTUREIN, BRENT C	<input type="checkbox"/> Delete
STREET ADDRESS 909 E STUART DR	
CITY-ST-ZIP RINSELAC IN 47987	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Secretary Frank Gutwein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1142 N Blackberry Lane	
CITY-ST-ZIP EAST PEORIA, IL 61611	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME GUTWEIN, BRENT C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 909 E STEWART DR.	
CITY-ST-ZIP RENSELAC, IN 47978	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: BRENT C. GUTWEIN CFO/Trus. Date: 1/21/01 Daytime Phone #: 219 866 0609

CR2E034 (9/99)