

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90007 025 \*\*\*150.00

0531508

**DOCUMENT # 332760**

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

Principal Place of Business  
**3400 US HWY 27 S  
 LAKE WALES FL 33859-1221  
 US**

Mailing Address  
**PO BOX 1221  
 LAKE WALES FL 33859-1221  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1232648**

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

**STORY, VICTOR B, SR.  
 3400 US HWY 27 S  
 P.O. BOX 1221  
 LAKE WALES FL 33859-1221**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STORY, VICTOR B. JR.</b>	
STREET ADDRESS	<b>3400 US HWY 27 S</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STORY, LYLES WILLIAM</b>	
STREET ADDRESS	<b>3400 US HWY 27 S</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>STORY, VICTOR B,SR</b>	
STREET ADDRESS	<b>3400 US HWY 27 S</b>	
CITY-ST-ZIP	<b>LAKE WALES, FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 entries.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VICTOR B. STORY, SR. SEC/TREAS**

04-23-01 Date 863-638-1619 Daytime Phone #

CR2E034 (10/00)