

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90040 042 \*\*\*158.75

DOCUMENT # 348775

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

Principal Place of Business **36716 ST. JOE RD. DADE CITY, FLA. 33526**

Mailing Address **P.O. Box 7 DADE CITY, FLA. 33526**

2. Principal Place of Business **SANDBAR GROVES INC**

Suite, Apt. #, etc. **36716 ST. JOE RD**

City & State **DADE CITY FL**

Zip **33525** Country **PASCO**

3. Mailing Address **SANDBAR GROVES INC**

Suite, Apt. #, etc. **P.O. Box 7**

City & State **DADE CITY FL**

Zip **33525** Country **PASCO**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1267796** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **J. LEE HUCKABAY, JR. 36716 ST. JOE RD. DADE CITY, FL 33525**

7. Name and Address of New Registered Agent **J. LEE HUCKABAY 36716 ST. JOE RD. DADE CITY, FL 33525**

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	<b>J. LEE HUCKABAY, JR.</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Addition	TITLE	<b>BARBARA HUCKABAY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. Box 7 C.D.</b>		NAME	<b>P.O. Box 995 S.T.D.</b>	
STREET ADDRESS	<b>DADE CITY, FL 33525</b>		STREET ADDRESS	<b>DADE CITY, FL 33525</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>JANE WALLER V.P.</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Addition	TITLE	<b>JANE WALLER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. Box 7</b>		NAME	<b>P.O. Box 7 V.P.D.</b>	
STREET ADDRESS	<b>DADE CITY, FL 33525</b>		STREET ADDRESS	<b>DADE CITY, FLA 33526</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>WINONA S. HUCKABAY</b>	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Addition	TITLE	<b>J. LEE HUCKABAY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. Box 7</b>		NAME	<b>P.O. Box 7 P.D.</b>	
STREET ADDRESS	<b>DADE CITY, FLA. 33526</b>		STREET ADDRESS	<b>DADE CITY, FLA. 33526</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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 or other like empowered.

SIGNATURE: **J. LEE HUCKABAY** 2-3-00 352 567-0324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)