

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 373788

1. Entity Name

BLUE LAKE GROVES, INC.

Principal Place of Business

3900 SCENIC HWY S
LAKE WALES FL 33853
US

Mailing Address

3900 ALTERNATE 27 SOUTH
LAKE WALES FLA 33853

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 59-1323574

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

THULLBERY, CATHERINE D
3900 ALTERNATE 27 SOUTH
LAKE WALES FL 33853

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, 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 PD
NAME THULLBERY, CATHERINE D
STREET ADDRESS 3900 SCENIC HWY SOUTH
CITY-ST-ZIP LAKE WALES, FL 00000 ☐ Delete

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

TITLE TD
NAME BRASWELL, PATRICIA D
STREET ADDRESS 19 RED BIRCH COVE
CITY-ST-ZIP LITTLE ROCK, ARK 00000 ☐ Delete

TITLE TD
NAME BRASWELL, PATRICIA D.
STREET ADDRESS 13601 WINDSOR RD.
CITY-ST-ZIP LITTLE ROCK AR. 72212 ☐ Change ☐ Addition

TITLE VD
NAME GEIGER, DONNA D
STREET ADDRESS 2453 PARK AVE
CITY-ST-ZIP PAGOSA SPRINGS CO ☐ Delete

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

TITLE SD
NAME CASTILLO, ANNE D-
STREET ADDRESS 905 5 FORKS RD
CITY-ST-ZIP VIRGINIA BEACH, VA 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

1/11/01
Date

Daytime Phone #

0380340

CR2E034 (10/00)