

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 388390

1. Entity Name

BONE VALLEY GROVES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 035 ***150.00

80027766

Principal Place of Business

306 W. REYNOLDS ST.
P O BOX 1717
PLANT CITY, FL 33564

Mailing Address

306 W. REYNOLDS ST.
P O BOX 1717
PLANT CITY, FL 33564

2. Principal Place of Business

101 E MAHONEY ST.
Suite, Apt. #, etc.

P O BOX 789

City & State

PLANT CITY, FL 33564-0789

Zip

Country

33564-0789

3. Mailing Address

101 E MAHONEY ST.
Suite, Apt. #, etc.

P O BOX 789

City & State

PLANT CITY, FL

Zip

Country

33564-0789

4. FEI Number

59-1359988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CROCKER, JAMES
3607 RALSTON ROAD
PLANT CITY, FL 33566

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

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, 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
STREET ADDRESS
CITY-ST-ZIP
PTD
CROCKER, JAMES
3607 RALSTON ROAD
PLANT CITY, FL 33566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ 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

JAMES A. CROCKER

Date

2/18/00

Daytime Phone #

813/752-1914

CR2E034 (9/99)