

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426823

1. Entity Name

NETTIE GROVES, INC.

Principal Place of Business

Mailing Address

3900 SCENIC HWY S  
LAKE WALES FL 33853  
US

3900 SCENIC HWY S  
LAKE WALES FL 33853  
US

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 59-1463858

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 SCENIC HWY S  
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 S  
CITY-ST-ZIP LAKE WALES FL ☐ Delete

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

TITLE SD  
NAME CASTILLO, ANNE D  
STREET ADDRESS 905 FIVE FORK RD  
CITY-ST-ZIP VA BEACH FL 23455 ☐ Delete

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

TITLE TD  
NAME BRASWELL, PATRICIA  
STREET ADDRESS 19 RED BIRCH COVE  
CITY-ST-ZIP LITTLE ROCK AR ☐ 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 SPGS CO 81157 ☐ 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

Date

Daytime Phone #

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90066 015 \*\*\*150.00

00006487



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)