

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 452568**

1. Entity Name

**PATRICK GROVES, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90029 035 \*\*\*150.00

Principal Place of Business 695 LAKE GEORGE ROAD LAKE ALFRED FL 33850-1426 US	Mailing Address P. O. BOX 1426 LAKE ALFRED FL 33850-1426 US
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DO NOT WRITE IN THIS SPACE

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 **59-1525841**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PATRICK, MARAGERET T**  
**695 LAKE GEORGE RD**  
**LAKE ALFRED FL 33850**

**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 \_\_\_\_\_ (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	VD	<input type="checkbox"/> Delete
NAME	PATRICK, JR, MAURICE C	
STREET ADDRESS	2816 INGEBOG COURT	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATRICK, MAURICE C	
STREET ADDRESS	695 GEORGE RD	
CITY-ST-ZIP	LAKE ALFRED, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATRICK, MARGARET T	
STREET ADDRESS	695 GEORGE RD	
CITY-ST-ZIP	LAKE ALFRED, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATRICK, MARGARET T	
STREET ADDRESS	695 GEORGE RD	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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 Margaret J. Patrick **MARGARET T. PATRICK** 01/26/2000 (863) 956-1980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #