

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90440 014 ***550.00

DOCUMENT #

1. Entity Name

Lakeside Groves, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11410 Swift Water Cr.

3. Mailing Address

11410 Swift Water Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL 32817

City & State

Orlando FL

4. FEI Number

591694898

Applied For

Not Applicable

Zip

Country

USA

Zip

32817

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mary Palmer

Street Address (P.O. Box Numbers Not Acceptable)

11410 Swift Water Cr.

City

Orlando

FL

Zip Code

32817

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

Mary J. Palmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 President
NAME Mary Palmer
STREET ADDRESS 11410 Swift Water Cr.
CITY-ST-ZIP Orlando FL 32817

TITLE Sec/Trea.
NAME Hugh Palmer
STREET ADDRESS P.O. Box 2187
CITY-ST-ZIP Winter Park FL 32789

TITLE Director
NAME Diane Greatwood
STREET ADDRESS 641 N. Rio Grande Av.
CITY-ST-ZIP Orlando FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary J. Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary J. Palmer

6/16/02

Date

407-382-1661

Daytime Phone #