(863) 293-2161

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT: 1. Entity Name BAMATURC GROVE | | | | Jan 23, 2002 8:00 am Secretary of State 01-23-2002 90028 047 ***150.00 |
|--|---|---|---|--|
| Principal Place of Business 103 AVENUE A. N.W. P.O. BOX 152 WINTER HAVEN FL 33881-450 | D† | Mailing Address 103 AVENUE A. N.W. P.O. BOX 152 WINTER HAVEN FL 3388 | 1-4501 | |
| 2. Principal Place of Busine | ess | 3. Mailing Address | * | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | 4. FEI Number 59-1752010 Applied For Not Applied |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name a | and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered Agent |
| CRITTENDEN, ROBERT R. 103 AVENUE A, N.W. WINTER HAVEN FL 33880 | | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| | | | | |
| SIGNATURE | | | | stered agent, or both, in the State of Florida. |
| SIGNATURE | r printed name of registered agent and | FILE NOW After May 1, 20 | | stered agent, or both, in the State of Florida. DATE 10. Election Campaign Financing Trust Fund Contribution Added in Fees |
| SIGNATURE Signature, typed of 9. This corporation is eligib Tax filing requirement ar (See criteria on back) | r printed name of registered agent and ble to satisfy its Intangible and elects to do so. | FILE NOW After May 1, 20 Make Check Payal | s registered office or regis TE: Registered Agent signature requirement III: FEE IS \$150.00 102 Fee will be \$550.00 | stered agent, or both, in the State of Florida. uired when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| Signature, typed or Signature, typed or Figure 1. Signature, typed or | oper printed name of registered agent and pole to satisfy its Intangible and elects to do so. OFFICERS AND DIF | FILE NOW After May 1, 20 Make Check Payal | s registered office or regis TE: Registered Agent signature requirements I!! FEE IS \$150.00 1002 Fee will be \$550.00 ble to Department of S | stered agent, or both, in the State of Florida. United when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. Added to Fees |
| SIGNATURE Signature, typed of Signature, typed of Tax filing requirement are (See criteria on back) Signature, typed of Signature, typed of Tax filing requirement are (See criteria on back) Signature, typed of Tax filing requirement are (See criteria on back) TILE D TURNER, RI 899 LAKE C WINTER HA ITLE D MARSHBUR | operinted name of registered agent and sole to satisfy its Intangible and elects to do so. OFFICERS AND DIFFICERS AND DIFFICERS AND DIFFICERS AND DIFFICERS DRIVE W. OTHER FLORENCE DR. | FILE NOW After May 1, 20 Make Check Payal | s registered office or regis TE: Registered Agent signature requirements III: FEE IS \$150.00 DO2 Fee will be \$550.00 ble to Department of S 12. TITLE NAME STREET ADDRESS | stered agent, or both, in the State of Florida. uired when reinstating) DATE 10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| SIGNATURE Signature, typed or Signature, typed or Signature, typed or Tax filing requirement are (See criteria on back) 11. ITLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS STANDAME TREET ADDRESS | OFFICERS AND DIF OBERT C. OTIS DRIVE W. VEN FL IN, JOE E FLORENCE DR. VEN FL N, ROBERT R N.W. | FILE NOW After May 1, 20 Make Check Payal RECTORS | S registered office or regis TE: Registered Agent signature requirements of S 11! FEE IS \$150.00 102 Fee will be \$550.00 ble to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | stered agent, or both, in the State of Florida. DATE |
| SIGNATURE Signature, typed of signature, typed of the signature of the si | OFFICERS AND DIF OBERT C. OTIS DRIVE W. VEN FL IN, JOE E FLORENCE DR. VEN FL N, ROBERT R N.W. | FILE NOW After May 1, 20 Make Check Payal RECTORS Delete | S registered office or regis TE: Registered Agent signature requirements I!! FEE IS \$150.00 102 Fee will be \$550.00 ble to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | stered agent, or both, in the State of Florida. 10. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Additional Ch |
| SIGNATURE Signature, typed or signature, type | OFFICERS AND DIF OBERT C. OTIS DRIVE W. VEN FL IN, JOE E FLORENCE DR. VEN FL N, ROBERT R N.W. | FILE NOW After May 1, 20 Make Check Payal RECTORS Delete Delete | S registered office or regis ITE: Registered Agent signature requivers to the second signature requirement of SI 12. ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | stered agent, or both, in the State of Florida. 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees |

Affa Churent

CRITTENDEN & CRITTENDEN, P.A. 710

ATTORNEYS AND COUNSELORS AT LAW

H. C. Crittenden (1898-1969)
Robert R. Crittenden
* Also Member of
Colorado and Wyoming Bars

103 Avenue A, N.W. Winter Haven, FL 33881

Post Office Drawer 152 Winter Haven, FL 33882-0152 Telephone (863) 293-2161 Toll Free (877) 293-2161 Fax (863) 299-3207

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

January 9, 2002

Secretary of State Division of Corporations Uniform Business Report P. O. Box 1500 Tallahassee, Florida 32302-1500

Re: BAMATURC GROVES, INC.

FEIN: 59-1752010

Gentlemen:

Enclosed herewith is Uniform Business Report for 2002, for filing on behalf of BAMATURC GROVES, INC., together with check in the amount of \$150.00 representing your filing fee.

Yours very truly,

bert R. Crittender

RRC/pt
Enc:

10: Complete to the complete to t