

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557334

1. Entity Name

MIDDLE LAKE GROVES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90339 023 ***150.00

Principal Place of Business

17821 JAMES RD
DADE CITY FL 33523-6428
US

Mailing Address

17821 JAMES RD
DADE CITY FL 33523-6248
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1793044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES GEORGE C
17821 JAMES RD
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, typewritten 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE C.	
STREET ADDRESS	17821 JAMES RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDERSON, ANN M.	
STREET ADDRESS	2005 N.W. 26TH. ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDERSON, CHARLES A.	
STREET ADDRESS	2005 N.W. 26TH. ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES, VIRGINIA D.	
STREET ADDRESS	17821 JAMES RD	
CITY-ST-ZIP	DADE CITY FL 33523	
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
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STREET ADDRESS	
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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: *George C James President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2001 352-588-6248

Date

Daytime Phone #

CR2E034 (10/00)