2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 577326

1. Entity Name

REDMAR GROVES, INC.

Principal Place of Business	Mailing Address
~~11 EAST LAKE DR~~ ~~HAINES CITY FL 33844~~ #2	~~11 EAST LAKE DR~~ ~~HAINES CITY FL 33844 0320~~ #2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Red Mar Groves, Inc.	
Suite, Apt. #, etc. _5957 S.E. 86Th. Blvd._	Suite, Apt. #, etc. _5957 S.E. 86Th. Blvd._
City & State _Okeechobee, Fl._	City & State _Okeechobee, Fl._
Zip _34974_ Country _U.S.A._	Zip _34974_ Country _U.S.A._

4. FEI Number 59-1840799	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
PHILLIPS, ROBERT L ~~500 SW 28TH TERRACE~~ _5957 S.E. 86Th. Blvd._ OKEECHOBEE FL 34974	Name _Robert L. Phillips / Pres._ Street Address (P.O. Box Number is Not Acceptable) _5957 S.E. 86Th. Blvd._ City _Okeechobee_ FL Zip Code _34974_

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 _Robert L. Phillips / Pres._   (NOTE: Registered Agent signature required when reinstating)   DATE _April 9, 2000_

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE STD NAME ~~PHILLIPS, MARJORIE C.~~ STREET ADDRESS ~~11 EAST LAKE DR.~~ CITY-ST-ZIP ~~HAINES CITY FL 34974~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME PHILLIPS, ROBERT L STREET ADDRESS ~~500 SW 28TH TERRACE~~ _5957 S.E. 86Th. Blvd._ CITY-ST-ZIP OKEECHOBEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE _VP-Dir._ NAME _Carol P. Glatz_ STREET ADDRESS _1361 Arbuckle Creek Rd._ CITY-ST-ZIP _Sebring, Fl. 33870_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE _Dir_ NAME _Barbara P. Martin_ STREET ADDRESS _2031 Mountain Creek Dr_ CITY-ST-ZIP _Stone Mountain, GA 30087_	☐ 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

CR2E034 (9/99)

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: _Robert L. Phillips / Pres._   _April 9, 2000_   863-763-6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #