

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90101 002 ***150.00

DOCUMENT # 613110

1. Entity Name
DOUGLAS FORT DADE GROVES, INC.



Principal Place of Business
**17821 JAMES RD
P.O. BOX 71
DADE CITY FL 33523-6248
US**

Mailing Address
**17821 JAMES RD
DADE CITY FL 33523-6248
US**



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 **59-1887345**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JAMES, VIRGINIA D
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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BEECHAM, LINDA J	
STREET ADDRESS	17821 JAMES ROAD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, VIRGINIA D.	
STREET ADDRESS	17821 JAMES ROAD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE C	
STREET ADDRESS	17821 JAMES ROAD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE R.	
STREET ADDRESS	17821 JAMES RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEVILLE JEAN D.	
STREET ADDRESS	3905 174 AV. D7. WEST	
CITY-ST-ZIP	BRADENTON, FLA. 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEECHAM, LINDA J.	
STREET ADDRESS	3609 LAURELLEDGE LANE	
CITY-ST-ZIP	AUSTIN, TEXAS, 78731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, GEORGE R.	
STREET ADDRESS	84 DAVIS BLVD. Unit #212	
CITY-ST-ZIP	TAMPA, FLA. 33606	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA D. JAMES, Pres. **4-1-03** **(352) 588-2246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)