

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 626096

1. Entity Name

TOWER VIEW GROVES, INC.

Principal Place of Business

264 ECHO RIDGE  
JASPER FL 30143

Mailing Address

P.O. BOX 20744  
JASPER GA 30143

2. Principal Place of Business

Lake Wales FLA.

3. Mailing Address

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales FL.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1917677

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

TAYLOR, ROBERT E  
500 W OMAHA ST  
LAKE HAMILTON FL 33851

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.

SIGNATURE

Signature, typed 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, 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 PD  
NAME TAYLOR, ROBERT E  
STREET ADDRESS 500 W. OMAHA  
CITY-ST-ZIP LAKE HAMILTON FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME TAYLOR, CHARLES E  
STREET ADDRESS 74 LANKFORD WAY  
CITY-ST-ZIP KENNESAW GA

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AT  
NAME VAUGHAN, CHARLOTTE T  
STREET ADDRESS 2551 ASHTON WOOD CT.  
CITY-ST-ZIP MARIETTA GA

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

AT  
FRANCIS CHARLOTTE T  
2026 TOWNSHIP DR  
WOODSTOCK GA. 30188

TITLE ST  
NAME SCOTT, FRANCES T  
STREET ADDRESS 264 ECHO RIDGE #744  
CITY-ST-ZIP JASPER GA 30143

☐ 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

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: x

Frances T Scott Frances T Scott 2-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 070893 Daytime phone 1325

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90087 048 \*\*\*150.00

822353



DO NOT WRITE IN THIS SPACE