

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90157 002 ***150.00

DOCUMENT # 626096

1. Entity Name *Tower View Groves, INC*
264 Echo Ridge #20744
Jasper, Ga 30143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Alt Hwy 17
Suite, Apt. #, etc.

3. Mailing Address

264 Echo Ridge
Suite, Apt. #, etc.
P.O. Box 20744

DO NOT WRITE IN THIS SPACE

City & State
Lake Wales, FL

City & State
Jasper Ga

4. FEI Number
59-19-17677

Applied For
Not Applicable

Zip
Polk

Zip
30143

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name *Robert E. Taylor*

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

500 W. Omaha St

City *Lake Hamilton* FL Zip Code *33851*

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Robert E. Taylor
500 W. Omaha St
Lake Hamilton, FL 33851

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary-Treasurer
Frances T. Scott
264 Echo Ridge #20744
Jasper, Ga 30143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Charles E. Taylor
406 Gordon St
Reynolds, Ga 31076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Asst Secretary
Charlotte Vaughan Fray
2096 Township Dr
Woodstock, Ga 30188

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE *Frances T. Scott Secretary-Treasurer* 4-22-2002 (770) 893 1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)