

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

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90045 030 ***550.00

DOCUMENT # 679716

1. Entity Name
ELIZABETH'S GROVES, INC.

✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
401 W. Colonial Drive

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite 802

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State

4. FEI Number
59-2007484

Applied For
Not Applicable

Zip
32804-6830

Country
Orange

Zip

Country

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

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974371

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Peter Williams as Trustee/Estate of E. Maxcy

Street Address (P.O. Box Number is Not Acceptable)
401 W. Colonial Drive, Suite 802

City
Orlando FL Zip Code
32804-6830

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 *Peter M. Williams*
Signature, typed or printed name of registered agent, and title if applicable.

July , 2002

(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 \$550.00
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
DP
Peter M. Williams, Trustee - E. Maxcy
401 W. Colonial Dr., Orlando FL

TITLE
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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)(f), 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: *Peter M. Williams*

Peter M. Williams as Trustee July , 2002 407-648-1470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)