## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 686966**

1. Entity Name							
BANEWAY (	GROVES, INC.						
Principal Place of Business		Mailing Address					
2220 oak dr P.O. Box 98 Alturas Fl 33820 Us		2220 OAK DR P.O. BOX 98 ALTURAS FL 33820-0098 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, et	CC.	Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
	. Name and Address of Ci	urrent Registered Agent					

## Jan 12, 2000 8:00 am Secretary of State 01-12-2000 90035 023 \*\*\*150.00

P.O. BOX 98 ALTURAS FL 33820 US		P.O. BOX 98 ALTURAS FL 33820-0098 US										
2. Principal Place of Business		ss	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WE	RITE IN THI	S SPACE		
City & State			City & State		<b>4.</b> F	4. FE! Number 59-2028507				Applied For Not Applicable		
Zip Country			Zip Country		try	5. 0					8.75 Additional se Required	
2.5	6. Name a	ind Address of Current Re	gistered Agent	1 1	5411	7. N	lame and A	dress of New	Registere	d Agent		
					Name						İ	
FULTON, W.C. 620 OAK DRIVE,					Street Address (P.O. Box Number is Not Acceptable)							
	IRAS FL 338								,			
					City				F	L Zip C	ode	
SIGNATI IRE		submits this statement for the printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature requi			in the State of I	Florida. DATE			
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>			FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta			1	on Campaign f Fund Contribut	-		i.00 May Be ded to Fees		
11. OFFICERS AND DIRECTORS			12.		AD	DITIONS/C	HANGES TO O	FFICERS AI	ND DIRECTO	ORS IN 11		
TITLE NAME STREET AODRESS	PD FULTON, V 9 HEIGHTS	V.C. S AVE.	☐ Delete		E ET ADDRESS					☐ Chang	e	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	FROSTPRO STD FULTON, E 9 HEIGHTS FROSTPRO	BETTY JANE S AVE.	Delete	TITLE NAMI STRE						Chang	e Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		TE WITHER SOME	□ Delete		l			-	-	☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 4	I .					☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		information supplied with the	□ Delete	CITY	ET ADDRESS - ST- ZIP					☐ Chang		

indicated on this report or 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.

1-4-00 941-537-1331 Date Phone #