

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687629

1. Entity Name
RONALD DEE HOLLAND GROVES, INC.

Principal Place of Business
12818 WALTER HUNTER RD.
LITHIA FL 33547
US

Mailing Address
12818 WALTER HUNTER RD.
LITHIA FL 33547
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

City & State

4. FEI Number 59-2034792

Applied For
Not Applicable

Zip 33547

Country Hillsborough

Zip

Country

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

HOLLAND, RONALD D.
12818 WALTER HUNTER RD
LITHIA FL 33547

Name

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

None

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, 2002 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 SD
NAME HOLLAND, VELMA JEAN
STREET ADDRESS 12818 WALTER HUNTER RD
CITY-ST-ZIP LITHIA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME HOLLAND, RONALD
STREET ADDRESS 12818 WALTER HUNTER RD
CITY-ST-ZIP LITHIA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Velma Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 813-737-2177
Date Daytime Phone #

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

01-15-2002 90039 012 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)