## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am **DOCUMENT # 695069** 1. Entity Name **Secretary of State** TLC GROVES, INC. 03-04-2000 90093 036 \*\*\*150.00 Mailing Address Principal Place of Business 1023 EUCLID LN 1023 EUCLID LN COT ST LUCIE FL 34983 PORT ST LUCIE FL 34983-3203 $\nabla \mathbf{v} = \mathbf{v} \cdot \mathbf{v} \cdot \mathbf{v}$ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2155677 Not Applicable Ζiρ Country\_ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORR. ROGER G Street Address (P.O. Box Number is Not Acceptable) 1542 THUMB POINT DR FT PIERCE FL 34949 Zip Code FL 8.7 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. 851 1.30 D SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change Delete TITLE TITLE ORR, SYLVIA D NAME 10850 KIMBERFYLD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 DT Addition Delete TITLE ORR, A D, JR NAME NAME 1023 EUCLID STREET ADDRESS STREET ADDRESS FT-PIERCE, FL-00000 CITY-ST-ZIP-CITY-ST-ZIP-Addition Change Delete TITLE ORR, ROGER G NAME NAME 7410 S. U.S. #1 ST. 200 STREET ADDRESS STREET ADDRESS PT. ST. LUCIE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS 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

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: