

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30252**

1. Entity Name

SUNPURE GROVES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 29 AM 10: 02

Principal Place of Business

**1600 SUNPURE ROAD
AVON PARK FL 33825**

Mailing Address

**5200 U.S. HIGHWAY 98 SOUTH
LAKELAND FL 33813**

2. Principal Place of Business

**5200 U.S. HWY 98 S.
Suite, Apt. #, etc.**

3. Mailing Address

**5200 U.S. Hwy 98 S.
Suite, Apt. #, etc.**

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

Zip

Country

33813-4203 USA

Zip

Country

33813-4203 USA

4. FEI Number

59-3015383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LASHKAJANI, HADI B
1600 SUNPURE ROAD
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name

LASHKAJANI, HADI B

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

5200 US HWY 98 S.

City

LAKELAND

FL

Zip Code

33813-4203

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

Hadi B. Lashkajani

HADI B. LASHKAJANI

8-21-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,736,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **K00323**
NAME **SUNPURE PRODUCTS, INC.**
STREET ADDRESS **5200 U.S. HIGHWAY 98 SOUTH**
CITY-ST-ZIP **LAKELAND FL 33813**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

HADI B. LASHKAJANI

8-21-2000

863-619-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (5/00)