

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90322 007 ***150.00

DOCUMENT # G40075

1. Entity Name
JATTUSO GROVES, INC.

Principal Place of Business

% MARY OLSON
 7305 REDWING RD
 GROVELAND FL 34736

Mailing Address

% MARY OLSON
 7305 REDWING RD
 GROVELAND FL 34736

2. Principal Place of Business

Redwing Rd
 Suite, Apt. #, etc.

3. Mailing Address

above
 Suite, Apt. #, etc.

City & State

Groveland FL

City & State

Groveland FL

4. FEI Number **59-2299241**

Applied For

Not Applicable

Zip

34736

Country

Lake

Zip

34736

Country

FL

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

OLSON, MARY
 7305 REDWING RD
 GROVELAND FL 34736

Name

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

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. *no change*

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, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	OLSON, MARY	
STREET ADDRESS	7305 REDWING RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JATTUSO, DOMINICK	
STREET ADDRESS	RT. 4, SOUTHWOOD DR.	
CITY-ST-ZIP	GREENVILLE SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Mary J. Olson* *Mary Jattuso Olson* *2-28-01* *352/429/3489*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)