

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G71305

1. Entity Name

TWITTY GROVES INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90023 010 ***150.00

Principal Place of Business

Mailing Address

% FRANCIS B. TWITTY
7820 TWITTY RD.
SEBRING FL 33870
US

% JUDSON H. TWITTY JR.
7820 TWITTY RD.
SEBRING FL 33870-9367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1560 CAMELLIA CT
Suite, Apt. #, etc.

1560 CAMELLIA CT
Suite, Apt. #, etc.

LAKE PLACID
City & State

LAKE PLACID
City & State

FL

FL

4. FEI Number 59-2347682

Applied For
Not Applicable

Zip 33852 Country HIGHLANDS

Zip 33852 Country HIGHLANDS

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

TWITTY, FRANCIS B
7820 TWITTY ROAD
SEBRING FL 33870

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.

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	TWITTY, FRANCIS B	
STREET ADDRESS	7820 TWITTY RD.	
CITY-ST-ZIP	SEBRING FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TWITTY, JEANETTE H	
STREET ADDRESS	7820 TWITTY RD.	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Francis B. Twitty* FRANCIS B. Twitty 2-3-00 863 465-1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)