

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

May 03, 2000 8:00 am
Secretary of State

01-28-2000 90129 049 ***150.00

DOCUMENT # G88339

1. Entity Name

ORANGE CREEK GROVES, INC.

Principal Place of Business

**5301 OAKLAND ROAD
SEBRING FL 33870**

Mailing Address

**5301 OAKLAND ROAD
SEBRING FL 33870-5680**

2. Principal Place of Business

5301 MIKE KAHN RD

Suite, Apt. #, etc.

3. Mailing Address

5301 MIKE KAHN RD

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2482124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RHOADES, CLIFFORD R.
107 N. RIDGEWOOD RD
SEBRING FL-33870**

7. Name and Address of New Registered Agent

Name

MARVIN KAHN

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

5301 MIKE KAHN RD

City

SEBRING

FL

Zip Code

33870

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]

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

TITLE **D** ☒ Delete
NAME **KAHN, JEFFREY M.**
STREET ADDRESS **5301 OAKLAND ROAD**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☐ Delete
NAME **DOUBERLY, WAYNE R.**
STREET ADDRESS **5301 OAKLAND RD**
CITY-ST-ZIP **SEBRING FL**

TITLE **SD** ☒ Delete
NAME **DAVIS, RUTH K.**
STREET ADDRESS **2332 STATE ROAD-17-N**
CITY-ST-ZIP **SEBRING FL**

TITLE **PD** ☐ Delete
NAME **KAHN, MARVIN**
STREET ADDRESS **5301 OAKLAND RD**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☒ Delete
NAME **LOVE, FRANK**
STREET ADDRESS **2803 WEST VERON AVE**
CITY-ST-ZIP **KINSTON NC**

TITLE **D** ☐ Delete
NAME **FLORIDA L. SCOTT**
STREET ADDRESS **8128 HOLLIDAY DRIVE**
CITY-ST-ZIP **INDIANAPOLIS IN 46260**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **5301 MIKE KAHN RD**
STREET ADDRESS **5301 MIKE KAHN RD**
CITY-ST-ZIP **SEBRING FL**

TITLE **S** ☒ Change ☐ Addition
NAME **5301 MIKE KAHN RD**
STREET ADDRESS **5301 MIKE KAHN RD**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ Change ☐ Addition
NAME **5301 MIKE KAHN RD**
STREET ADDRESS **5301 MIKE KAHN RD**
CITY-ST-ZIP **SEBRING FL**

TITLE ☒ Change ☐ Addition
NAME **5301 MIKE KAHN RD**
STREET ADDRESS **5301 MIKE KAHN RD**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ Change ☐ Addition
NAME **5301 MIKE KAHN RD**
STREET ADDRESS **5301 MIKE KAHN RD**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☐ Change ☒ Addition
NAME **FLORIDA L. SCOTT**
STREET ADDRESS **8128 HOLLIDAY DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46260**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN KAHN

1-21-00

Date

863-385-6136

Daytime Phone #

CR2E034 (9/99)