

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90062 031 ***150.00

DOCUMENT # H98053			
1. Entity Name PINE BAR GROVE, INC.			
Principal Place of Business 5104 18TH AVE E BRADENTON, FL 34208		Mailing Address 5104 18TH AVE E BRADENTON, FL 34208	
2. Principal Place of Business		3. Mailing Address P. O. BOX 3258	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O E.C. MARSHALL	
City & State		City & State SARASOTA, FL	
Zip	Country	Zip	Country
34236		34236	
4. FEI Number 59-2641453		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIXON, JAMES M., II 4905 MANATEE AVE W. BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name E.C. MARSHALL Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. City SARASOTA FL Zip Code 34236	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <u>E. C. Marshall</u> Signature, typed or printed name of registered agent and title if applicable</div> <div>E. C. Marshall 4/28/00 (NOTE: Registered Agent signature required when reinstating) DATE</div> </div>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> FILE NOW!!! FEE IS \$500.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State </div>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, MARY LOUISE 5104 18TH AVE. E. BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HALL, MARY LOUISE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, ROGER W. 5101 18TH AVE. E. BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HALL, ROGER W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Roger W. Hall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/00 Date Daytime Phone #	

CR2E034 (9/99)