

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90174 021 ***150.00

DOCUMENT # J12444

1. Entity Name
BURNETT GROVES, INC.



Principal Place of Business
ROUTE 2, BOX 624-A
AVON PARK FL 33825

Mailing Address
ROUTE 2, BOX 624-A
AVON PARK FL 33825



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5401 PERRY ROAD

5401 PERRY ROAD

City & State

City & State

FT. MEADE, FLORIDA

FT. MEADE, FLORIDA

Zip

Country

Zip

Country

33841

POLIK

33841

POLIK

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2252173**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURNETT, KATHRYN
ROUTE 2, BOX 624-A
AVON PARK FL 33825

7. Name and Address of New Registered Agent
Name **KATHRYN BURNETT**

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

5401 PERRY ROAD

FORT MEADE, FL 33841

City

FORT MEADE

FL

Zip Code

33841

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathryn Burnett*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BURNETT, ROBERT W.**
STREET ADDRESS **PERRY ROAD**
CITY-ST-ZIP **AVON PARK FL**

TITLE **VD** ☐ Delete
NAME **BURNETT, KATHRYN W.**
STREET ADDRESS **PERRY ROAD**
CITY-ST-ZIP **AVON PARK FL**

TITLE **VD** ☐ Delete
NAME **BURNETT, ROBERT W. JR.**
STREET ADDRESS **HIGHWAY 64, EAST**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **STD** ☐ Delete
NAME **WHITTINGTON, DONNA B.**
STREET ADDRESS **4904 CRICKET DRIVE**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna B. Whittington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

1/10/03
Date

Daytime Phone #

CR2E034 (10/02)