

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28348

1. Entity Name

ROOTS GROUP INVESTMENT CORPORATION

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90013 024 ***150.00

Principal Place of Business

Mailing Address

3295 CRAWFORDVILLE HWY

P.O. BOX 12335

TALLAHASSEE FL 32317-2335

CRAWFORDVILLE FL 32327

US

US

2. Principal Place of Business

Mailing Address

3295 CRAWFORDVILLE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 8

City & State

CRAWFORDVILLE FLORIDA

4. FEI Number

59-2778146

Applied For

Not Applicable

Zip

Country

32327

Country

US

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

MOOSHIE, JOHN S.
1002 WAKULLA SPRINGS RD
CRAWFORDVILLE FL 32327

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 DVT ☐ Delete
NAME MOOSHIE, JOHN S.
STREET ADDRESS 1002 WAKULLA SPRINGS RD
CITY-ST-ZIP CRAWFORDVILLE FL

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

TITLE PD ☐ Delete
NAME DIEHL, GREG
STREET ADDRESS 1262 ARRAN RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)