

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**  
 02-11-2000 90027 043 \*\*\*150.00

<b>DOCUMENT # K51201</b> 1. Entity Name <b>L B GROVES, INC.</b>																																																																																		
Principal Place of Business <b>% FRANK THULLBERY</b> <b>3900 SCENIC HWY S</b> <b>LAKE WALES FL 33853</b>		Mailing Address <b>% FRANK THULLBERY</b> <b>3900 SCENIC HWY SOUTH</b> <b>LAKE WALES FL 33853-7416</b> <b>US</b>																																																																																
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																
City & State		City & State																																																																																
Zip	Country	Zip	Country																																																																															
<b>6. Name and Address of Current Registered Agent</b>  <b>THULLBERY, FRANK</b> <b>3900 SCENIC HWY S</b> <b>LAKE WALES FL 33853</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																
<b>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.</b>																																																																																		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																																																
<b>11. OFFICERS AND DIRECTORS</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																
<b>11. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DP THULLBERY, FRANK M.</td> <td>3900 SCENIC HWY SOUTH</td> <td>LAKE WALES FL</td> <td></td> </tr> <tr> <td></td> <td>D THULLBERY, CATHERINE D.</td> <td>3900 SCENIC HWY SOUTH</td> <td>LAKE WALES FL</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		DP THULLBERY, FRANK M.	3900 SCENIC HWY SOUTH	LAKE WALES FL			D THULLBERY, CATHERINE D.	3900 SCENIC HWY SOUTH	LAKE WALES FL																											<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Delete <input type="checkbox"/></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Delete <input type="checkbox"/>																																			
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<b>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.</b>																																																																																		



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2923658** Applied For ☐ Not Applied ☐  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SIGNATURE:** Frank M. Thullbery **FRANK M. Thullbery** Feb 4, 00 863-638-1143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #