FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91206 034 ***150.00

DOCUMENT # K68139

1. Entity Name
Seagrove Partnership, Inc

DO NOT WRITE IN THIS SPACE

B0124466

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3723 E Cty 30A	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seagrove Bch FL	City & State
Zip: 32459 Country: Walton	Zip Country

4. FEI Number: 59-2997199 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Garrett, Marie J.

Street Address (P.O. Box Number is Not Acceptable): 3723 E. Cty 30A

City: Seagrove Bch **FL** Zip Code: 32459

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PD NAME: Harris, Jack P. STREET ADDRESS: 232 S. Milton CITY-ST-ZIP: Glen Ellyn, ILL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D NAME: Harris, Elaine F. STREET ADDRESS: 232 S. Milton CITY-ST-ZIP: Glen Ellyn, ILL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: ST'D NAME: Garrett, Marie J. STREET ADDRESS: 3723 E. Cty 30A CITY-ST-ZIP: Seagrove, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VP NAME: Shurette, Gary C. STREET ADDRESS: 3317 Monte Doro Dr. CITY-ST-ZIP: Hoover, AL 35216	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/30/02 850 231 3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #