

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K98844**

1. Entity Name

SANDY RIDGE GROVES, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90052 022 ***150.00

04/3398 AV

Principal Place of Business

**1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852**

Mailing Address

**1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2959475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOAK, JOHN F., JR.

1025 CR 17 N

LAKE PLACID FL 33852

Name

John F. Smoak III

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

1025 County Road 17 North

City

Lake Placid

FL

Zip Code
33852

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

John Smoak III

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, 2002 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 **SD** ☐ Delete
NAME **BLACKMAN, GARY W.**
STREET ADDRESS **1936 SOUTHEAST LAKEVIEW**
CITY-ST-ZIP **SEBRING FL**

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

TITLE **AS** ☐ Delete
NAME **EURES, LEIGH S.**
STREET ADDRESS **1025 COUNTY ROAD 17 N.**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **PD** ☐ Delete
NAME **SMOAK, JOHN F III**
STREET ADDRESS **1025 CR 17 N**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **VD** ☐ Delete
NAME **SMOAK, PHILIP L**
STREET ADDRESS **1025 CR 17 N**
CITY-ST-ZIP **LAKE PLACID FL**

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

TITLE **T** ☐ Delete
NAME **SMOAK, SAMANTHA L**
STREET ADDRESS **6995 ST 66**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

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

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

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

John Smoak III

John Smoak III

4/16/02

863-465-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)