

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04268

1. Entity Name

B AND S GROVES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90025 038 ***150.00

Principal Place of Business

146 AVENUE B. NW
WINTER HAVEN FL 33881-4506

Mailing Address

146 AVENUE B. NW
WINTER HAVEN FL 33881-4506

2. Principal Place of Business
141 5th St. NW

Suite, Apt. #, etc.

3. Mailing Address
141 5th Street, NW

Suite, Apt. #, etc.

City & State
Winter Haven, FL 33881

City & State
Winter Haven, FL 33881

4. FEI Number 65-0134980

Applied For
Not Applicable

Zip 33881 Country USA

Zip 33881 Country USA

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

CLINE, DEBRA L.
~~146 AVENUE B. NW~~
~~WINTER HAVEN FL 33881~~

Name
Street Address (P.O. Box Number is Not Acceptable)
141 5th Street, NW
City, Winter Haven FL Zip Code 33881

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 *Debra L. Cline*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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 PD
NAME SUMMERLIN, BRITTA
STREET ADDRESS 1255 W. LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 147 Woden Way
CITY-ST-ZIP Winter Haven, FL 33884

TITLE VST
NAME SUMMERLIN, ROY C.
STREET ADDRESS 1255 W. LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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

TITLE D
NAME SUMMERLIN, ROY C.
STREET ADDRESS 1255 W. LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

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
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 #

863
2-28-2000 *294-3360*

CR2E034 (9/99)