

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000824**

1. Entity Name

SHARON GROVES, L.C.

FILED

Principal Place of Business

**1459 LISA DR.
WAUCHULA FL 33873**

Mailing Address

**1459 USA DR.
WAUCHULA FL 33873**

01 SEP 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3379 Parnell Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 70

Suite, Apt. #, etc.

City & State

Zolfo Springs, FL

City & State

Wauchula FL

4. FEI Number

65-0789560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOYE, RONALD F

1459 USA DR.

WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name

Moye, Ronald F.

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

3379 Parnell Rd

City

Zolfo Springs

FL

Zip Code

33890

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MOYE, RONALD F	
STREET ADDRESS	1459 LISA DR.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MOYE, SHARON D	
STREET ADDRESS	1459 LISA DR.	
CITY-ST-ZIP	WAUCHULA FL-33873	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moye, Ronald F	
STREET ADDRESS	3379 Parnell Rd	
CITY-ST-ZIP	Zolfo Springs, FL 33890	
TITLE	MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moye, Sharon D.	
STREET ADDRESS	3379 Parnell Rd	
CITY-ST-ZIP	Zolfo Springs, FL 33890	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Sharon Moye 9-8-01 8634539639

0007034

CR2E083 (5/01)

STAPLE CHECK HERE