

**2001 UNIFORM BUSINESS REPORT (UBR)**

0007004

**DOCUMENT # L97000000824**

1. Entity Name  
**SHARON GROVES, L.C.**

**FILED**

Principal Place of Business: **1459 LISA DR. WAUCHULA FL 33873**

Mailing Address: **1459 LISA 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**

Zip: **33890** Country: **USA** Zip: **33873** Country: **USA**

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 LISA 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRM</b> <b>Moye, Ronald F</b> <b>3379 Parnell Rd</b> <b>Zolfo Springs, FL 33890</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mGRM</b> <b>Moye, Sharon D.</b> <b>3379 Parnell Rd</b> <b>Zolfo Springs, FL 33890</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200004609622--6</b> <b>-09/25/01--01008--013</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>*****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sharon Moye* **SIGNATURE REQUIRED Sharon Moye 9-8-01 8634539639**

STAPLE CHECK HERE

CR2E083 (5/01)