2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77311

1. Entity Name

BORODINE GROVES, INC.

Principal Place of Busine	SS
---------------------------	----

Mailing Address

STEPHEN G. SEWELL SOT WEBSTER ST. % STEPHEN G. SEWELL 907 WEBSTER ST. LEESBURG FL 34748-5026

							III BIBU BIBU BIBU ARBA ABB		
t. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. City & State		Suite, Apt. #, 6	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		City & State	City & State		4. FEI Number 59-2886511 Applied For Not Applicable				
Zip	Country	Zip	Co	untry	5. (3.75 Additional Required		
	6. Name and Address of Curre	nt Registered Agent			7. 1	Name and Address of New Registered Age	ent		
or status and reduces of our left institution a agent				Name					
SEW	ELL STEDHEN G								
SEWELL, STEPHEN G. 907 WEBSTER ST.			Street Address (P.O. Box Number is Not Acceptable)						
	SBURG FL 32748								
LEES	55UNG FL 32/46								
				City		FL	Zip Code		
		<u> </u>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After MAY 1, 20 Make Check Payab				e will be \$550.		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
1.		L ID DIRECTORS			AD	DDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 11		
ITLE	DP	□ D		TLE			Change Additio		
AME	KAREL, DAVID			AME		_	•		
TREET ADDRESS	1054 POMEROY		s	TREET ADDRESS					
:ITY-ST-ZIP	SANTA CLARA CA		C	ITY-ST-ZIP					
JTLE .	V	□ D	olete T	TLE		Г	Change Addition		
AME	KAREL, JANICE			AME			_		
TREET ADDRESS	1054 POMEROY		s	TREET ADDRESS					
CITY-ST-ZIP	SANTA CLARA CA		С	ITY-ST-ZIP					
ITLE	STD	□ D	elete Ti	ITLE -			Change Additio		
IAME	KAREL, STEVEN	_,	5,5,5	AME	_				
TREET ADDRESS	12137 TERRENCE AVE		s	TREET ADDRESS					
CITY-ST-ZIP	SARATOGA CA		С	ITY-ST-ZIP					
ITLE	V		oloto T	TLE			Change Additio		

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.

NAME

TITLE NAME

TITLE
NAME
STREET ADDRESS

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

KAREL, RANDY

1054 POMEROY

SANTA CLARA CA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN KAREL 1/13/

(408) 252-5477

☐ Change

Change

☐ Addition

☐ Addition

FILED

Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90045 041 ***150.00

A MARIE DIE 150 ARRIE 1880 DE BERT HERE HERE HERE BEGER BERTE BERTE BERTE BERTE BERTE BERTE

Daytime Phone #

CR2F034 (9/99