

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98964

1. Entity Name

LOVETT BROTHERS ENTERPRISES, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90062 016 \*\*\*158.75

Principal Place of Business

Mailing Address

215 NW 1ST. AVE.  
PO BOX 1737  
HIGH SPRINGS FL 32655  
US

P.O. BOX 1737  
HIGH SPRINGS FL 32655-1737  
US

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

59-2968156

Applied For

Not Applicable

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

GRIFFIN, SHEREE A.  
6025 HARCOURT AVENUE  
ORLANDO FL 32809

Name

Griffin, Sheree A.

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

RR1, Box 2470

27 Lightwood Rd.

City

Fort White

FL

Zip Code

32038

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

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 ☐ Delete  
NAME D  
STREET ADDRESS LOVETT, JOANNE M  
CITY-ST-ZIP ONE LIGHTWOOD WAY  
HIGH SPRINGS FL

TITLE ☒ Change ☐ Addition  
NAME Lovett, Joanne M.  
STREET ADDRESS 1 Lightwood Rd.  
CITY-ST-ZIP Fort White FL 32038

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS LOVETT, JOEL B  
CITY-ST-ZIP 15608 OLD CHENEY HIGHWAY  
ORLANDO FL

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

TITLE ☐ Delete  
NAME STD  
STREET ADDRESS GRIFFIN, SHEREE A.  
CITY-ST-ZIP 6025 HARCOURT AVENUE  
ORLANDO FL

TITLE ☒ Change ☐ Addition  
NAME Griffin, Sheree A.  
STREET ADDRESS 27 Lightwood Rd.  
CITY-ST-ZIP Fort White FL 32038

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TILLISON, LISA M  
CITY-ST-ZIP 9306 BUDWOOD ST  
GOTHA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Sheree A. Griffin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheree A. Griffin

3/3/00

Date

904-454-3465

Daytime Phone #

CR2E034 (9/99)