

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 8:00 an
Secretary of State

06-12-2001 90002 039 ***558.75

DOCUMENT # M98964

1. Entity Name

LOVETT BROTHERS ENTERPRISES, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 1737
HIGH SPRINGS FL 32655
US

2. Principal Place of Business

215 NW 1st Ave.

3. Mailing Address

PO Box 1737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs FL

City & State

High Springs FL

Zip

32643

Country

US

Zip

32655

Country

US

4. FEI Number 59-2968156

Applied F

Not Appli

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, SHEREE A.
RR1 BOX 2470
27 LIGHTWOOD RD
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE D
NAME LOVETT, JOANNE M
STREET ADDRESS ONE LIGHTWOOD WAY
CITY-ST-ZIP FORT WHITE FL 32038 ☐ Delete

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

TITLE STD
NAME GRIFFIN, SHEREE A.
STREET ADDRESS 27 LIGHTWOOD RD
CITY-ST-ZIP FORT WHITE FL 32038 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ A

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheree A. Griffin Sheree A. Griffin

Date

6/8/01 386-454-346

Daytime Phone #