

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005261

1. Entity Name

GRACE PLANTATION, INCORPORATED

Principal Place of Business

941 LAKE THOMAS RD  
LAKE WORTH FL 33898

Mailing Address

941 LAKE THOMAS RD  
LAKE WORTH FL 33898

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

33898

Country

Zip

33898

Country

4. FEI Number

31-1798689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUFTS, THOMAS F JR  
941 LAKE THOMAS RD  
LAKE WORTH FL 33898

7. Name and Address of New Registered Agent

Name

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

City

Lake Wales,

FL

Zip Code

33898

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TUFTS, THOMAS F JR  
STREET ADDRESS 941 LAKE THOMAS RD  
CITY-ST-ZIP LAKE WORTH FL 33898 WALES

TITLE D ☐ Delete  
NAME MCKINLEY, RICHARD A  
STREET ADDRESS 1131 CIR DR  
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ Delete  
NAME TUFTS, JEAN R  
STREET ADDRESS 349 RUBY LAKE LOOP  
CITY-ST-ZIP WINTER HAVEN FL 33888

TITLE D ☐ Delete  
NAME TUFTS, SHERRY L  
STREET ADDRESS 941 LAKE THOMAS RD  
CITY-ST-ZIP LAKE WALES FL 33898

TITLE D ☐ Delete  
NAME STORY, VICTOR  
STREET ADDRESS 720 CARLTON  
CITY-ST-ZIP BABSON PARK FL 33827

TITLE D ☐ Delete  
NAME DAVID MULLINS  
STREET ADDRESS 1804 Clubhouse Rd.  
CITY-ST-ZIP Lakeland FL 33813

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition  
NAME BILL QUINN  
STREET ADDRESS 100 Fairchild St.  
CITY-ST-ZIP BABSON PARK, FL 33827

TITLE D ☐ Change ☐ Addition  
NAME MARK CALHOUN  
STREET ADDRESS 51 BRITTON ST.  
CITY-ST-ZIP BABSON PARK, FL 33827

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas F. Tufts Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02  
Date

863-696-2619  
Daytime Phone #

FILED  
May 15, 2002 8:00 am  
Secretary of State

05-15-2002 90149 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)