

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007215

1. Entity Name

GREATER GARDEN GROVE COALITION, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90039 036 ****61.25

Principal Place of Business

2996 PLANTATION RD SE
 WINTER HAVEN FL 33884

Mailing Address

2996 PLANTATION RD SE
 WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544477

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARNO, ROBERT
 2996 PLANTATION RD SE
 WINTER HAVEN FL 33884

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D SARNO, ROBERT
 STREET ADDRESS 2996 PLANTATION RD SE
 CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☐ Delete
 NAME D ROBERTS, CARL
 STREET ADDRESS 1016 EDGEWATER DR, SE
 CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☒ Delete
 NAME D FULLAM, MARIE
 STREET ADDRESS 228 PAINE DRIVE
 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE ☒ Change ☐ Addition
 NAME DELL OREY NICKELL
 STREET ADDRESS 208 LAKE NED RD
 CITY-ST-ZIP WINTER HAVEN, FL. 33884

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
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TITLE ☐ Delete
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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:

Will Orey Nickell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00 863-324-0002

Date

Daytime Phone #

CR2E037 (5/00)