

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22791

1. Entity Name

READY, SET, GROW COMPANY

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90027 026 \*\*\*150.00

Principal Place of Business

3000 S. CHICKASAW TR  
ORLANDO FL 32829  
US

Mailing Address

3182 WHISPER WIND DR  
ST. CLOUD FL 40255-0184  
US

2. Principal Place of Business

3743 SPECKLED PERCH  
Lane

3. Mailing Address

Suite, Apt. #, etc.  
P.O. Box 5184

City & State

Kissimmee FL

Zip

34744

Country

US

Zip

LOUISVILLE, Ky.

Country

40255-0184



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0314250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, BEVERLY C  
3182 WHISPER WIND DRIVE  
ST CLOUD FL 34771

7. Name and Address of New Registered Agent

Name

Beverly C. Sweeney

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

3743 SPECKLED PERCH Lane

City

Kissimmee,

FL

Zip Code

34744

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

Beverly C. Sweeney, president

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SWEENEY, BEVERLY C.	
STREET ADDRESS	3182 WHISPERWIND DR.	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	sweeney, Beverly C.	
STREET ADDRESS	3743 Speckled Perch La.	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Beverly C. Sweeney, president

Date

Daytime Phone #

1-6-00 1-502-456-9262

CR2E034 (9/99)