Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am DOCUMENT # P95000015953 **Secretary of State** H.W. LEE GROVES, INC. 03-19-2001 90467 011 \*\*\*150.00 Mailing Address Principal Place of Business 6468 PARKLAND DRIVE 6468 PARKLAND DRIVE SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0561289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent الارزاء الأناب المستعد الميثي فعاليجوادي MCDONOUGH, DONALD F Street Address (P.O. Box Number is Not Acceptable) 6468 PARKLAND DRIVE SARASOTA FL 34243 City Zip Code 8. The above named egity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change MCDONOUGH, DONALD F. NAME NAME STREET ADDRESS STREET ADDRESS 6468 PARKLAND DR CITY-ST-7IP CITY-ST-7IE SARASOTA FL ☐ Addition TITLE ☐ Delete TITLE □ Change BRYANT, KATHRYN NAME NAME 940 CHERT ROCK TRAIL STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LITHIA FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change MCDONOUGH, CLAUDIA NAME NAME STREET ADDRESS STREET ADDRESS 3451 WOLFE AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change Addition TITLE ☐ Delete TITI F NAME MCDONOUGH, DONALD F. NAME STREET ADDRESS STREET ADDRESS 6468 PARKLAND DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: