

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000029276**

1. Entity Name

OLD RIVER GROVES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90908 009 ***150.00

00052371

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5970 W. State Road 80 P.O. Box 728
LaBelle, FL 33935 LaBelle, FL 33935

2. Principal Place of Business
1200 County Road 830

3. Mailing Address
P.O. Box 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Felda FL

City & State
Felda FL

4. FEI Number
65-0671481

Applied For
Not Applicable

Zip Country
33930 USA

Zip Country
33930 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BETTYE Z.
5970 W. STATE RD 80
LABELLE, FL 33935

Name
J. R. CARTER
Street Address (P.O. Box Number is Not Acceptable)
1200 COUNTY ROAD 830

City LABELLE FL Zip Code 33930

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

J. R. CARTER

4/27/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Delete
NAME MILLER, BETTYE Z.
STREET ADDRESS S.R. 80 WEST, P.O. BOX 728
CITY-ST-ZIP LABELLE, FL 33935

TITLE PST ☒ Change ☐ Addition
NAME CARTER, J. R.
STREET ADDRESS 1200 COUNTY ROAD 830, P.O. BOX 3
CITY-ST-ZIP FELDA, FL 33930

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME CARTER, J. R.
STREET ADDRESS 1200 COUNTY ROAD 830, P.O. BOX 3
CITY-ST-ZIP FELDA, FL 33930

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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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

J. R. CARTER

4/27/2000 (941) 675-4271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)