

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

DOCUMENT # P96000029276

1. Entity Name

Old River Groves, Inc.

03-10-2003 90125 038 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3840 Crescent Acres Dr. SW

3. Mailing Address

P.O. Box 340

DO NOT WRITE IN THIS SPACE

City & State
LaBelle, FL

City & State
LaBelle, FL

4. FEI Number

650671481

Applied For

Not Applicable

Zip
33935

Country
USA

Zip
33975

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Patricia D. Wegscheid

"Street Address" (P.O. Box Number is Not Acceptable)
3840 Crescent Acres Dr. SW

City
LaBelle

FL

Zip Code
33935

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

Patricia D. Wegscheid Patricia D. Wegscheid

1/29/03

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D/P Stanley C. Wegscheid 3840 Crescent Acres Dr. SW LaBelle, FL 33935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Patricia D. Wegscheid 3840 Crescent Acres Dr. SW LaBelle, FL 33935
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia D. Wegscheid Patricia D. Wegscheid

1/29/03

863-674-4060

Date

Daytime Phone

CR2E034B (12/01)