## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2002 8:00 am<sup>3</sup> Secretary of State P96000070644 DOCUMENT # 1. Entity Name VILLA CITY GROVES, INC. 05-15-2002 90025 048 \*\*\*150.00 Principal Place of Business Mailing Address 782 WEST MONTROSE STREET 782 WEST MONTROSE STREET CLERMONT FL 34711 CLERMONT FL 34711 P.O. 5 X 12000 9 DO NOT WRITE IN THIS SPACE CLERMONS, FL 4. FEI Number Applied For 59-3396748 CLERMONT Not Applicable 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 Name HILLIAM C. MEENEN JA. MČEWEN, WILLIAM C. JR 782 WEST MONTROSE STREET CLERMONT FL 34711 9/28 MOUSY DAK LN. 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 W.C. M.: EWEN Jr., V.P., Tregistered agent and title if applicable. (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, 2002 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. TITLE 🕠 TITLE ☐ Delete MCEWEN, TERRY C 782 WEST MONTROSE ST. 17200 , VILLA CITY RO. NAME NAME STREET ADDRESS STREET ADDRESS OROVELAND- FL 34736 CLERMONT FL 34711 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE 17200 VILLA CITY RO. MCEWEN, YVONNE L NAME NAME 782 WEST MONTROSE ST STREET ADDRESS STREET ADDRESS GROVELAND, FL 34136 Change CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MCEWEN, WILLIAM C JR~~ ~~ NAME 782 WEST MONTROSE ST STREET ADDRESS STREET ADDRESS CLERMONT, FL 34717 CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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-7IP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP