

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041424

1. Entity Name

SUNNY HILL GROVES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 039 ***150.00

Principal Place of Business

Mailing Address

703 VIA MILANO CIRCLE
 APOPKA FL 32712-184
 US

703 VIA MILANO CIRCLE
 APOPKA FL 32712-3184
 US

2. Principal Place of Business

1305 E. Plant St.

3. Mailing Address

1305 E. Plant St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Winter Garden FL

City & State
 Winter Garden FL

4. FEI Number NOT APPLICABLE

Applied For
 Not Applicable

Zip
 34787

Country
 Orange

Zip
 34787

Country
 Orange

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

SHAFFNER, RAYMOND D
 703 VIA MILANO CIRCLE
 APOPKA FL

Name
 G WINSTON LOVELACE

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

1305 E Plant Street

City Winter Garden FL Zip Code 34787

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 *R. Shaffner*

G. WINSTON LOVELACE 04/25/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 SHAFFNER, RAYMOND D
 703 VIA MILANO CIRCLE
 APOPKA FL 32712-3184 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 G WINSTON LOVELACE
 1305 E Plant Street
 Winter Garden FL 34787 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: *G. Winston Lovelace*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Winston Lovelace 04/25/00 407-877-8100
 Date Daytime Phone #

CR2E034 (9/99)