

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2000 90085 039 ***150.00

DOCUMENT # P97000041424

1. Entity Name
SUNNY HILL GROVES, INC.

Principal Place of Business 703 VIA MILANO CIRCLE APOPKA FL 32712-184 US	Mailing Address 703 VIA MILANO CIRCLE APOPKA FL 32712-3184 US
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2. Principal Place of Business 1305 E. PLANT ST. Suite, Apt. #, etc.	3. Mailing Address 1305 E. PLANT ST. Suite, Apt. #, etc.
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City & State WINTER GARDEN FL	City & State WINTER GARDEN FL	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34787	Country Orange	Zip 34787	Country Orange



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHAFFNER, RAYMOND D
703 VIA MILANO CIRCLE
APOPKA FL

7. Name and Address of New Registered Agent
 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 *[Signature]* **G. WINSTON LOVELACE** DATE **04/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P G WINSTON LOVELACE 1305 E PLANT STREET WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **Winston Lovelace** DATE **04/25/00** DAYTIME PHONE # **407-877-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)