

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041424

1. Entity Name

SUNNY HILL GROVES, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90008 005 ***150.00

Principal Place of Business

703 VIA MILANO CIRCLE
APOPKA FL 32712-184
US

Mailing Address

703 VIA MILANO CIRCLE
APOPKA FL 32712-3184
US

2. Principal Place of Business

1305 E. PLANT ST.

Suite, Apt. #, etc.

3. Mailing Address

1305 E. PLANT ST.

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

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 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST

SHAFFNER, RAYMOND D
703 VIA MILANO CIRCLE
APOPKA FL 32712-3184

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
G Winston Lovelace
1305 E PLANT STREET
Winter Garden FL 34787

☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WINSTON LOVELACE 04/30/01 407-877-8100
Winston Lovelace 04/25/00 407-877-8100