

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90008 005 ***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

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
 59-3449760

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]*
 Signature, typed or printed name of registered agent and title if applicable.

G. WINSTON LOVELACE 04/25/00
 (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	<input checked="" type="checkbox"/> Delete
	ST SHAFFNER, RAYMOND D	703 VIA MILANO CIRCLE	APOPKA FL 32712-3184	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P G Winston Lovelace	1305 E PLANT STREET	Winter Garden FL 34787	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

WINSTON LOVELACE 04/30/01 407-877-8100
Winston Lovelace 04/25/00 407-877-8100
 Date Daytime Phone #