

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90401 029 ***150.00

DOCUMENT # P97000041424

1. Entity Name

SUNNY HILL GROVES, INC.

Principal Place of Business

**1305 E PLANT STREET
 WINTER GARDEN FL 34787
 US**

Mailing Address

**1305 E PLANT STREET
 WINTER GARDEN FL 34787
 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

59-3449760

Applied For

Not Applicable

Zip

34787

Country - USA

Orange County

Zip

34787

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOVELACE, G. WINSTON
 1305 E PLANT STREET
 WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **G Winston Lovelace**

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

1305 E. Plant St.

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, 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, 2002 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 **P** ☐ Delete
 NAME **LOVELACE, G WINSTON**
 STREET ADDRESS **1305 E PLANT STREET**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

407-877-8100

407-877-8100

Daytime Phone #

CR2E034 (9/01)