

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011758

1. Entity Name
B. T. GROWERS, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State
07-31-2000 90013 023 ***550.00

Principal Place of Business
5175 COUNTRY LAKES
NORTH FORT MYERS FL 33903

Mailing Address
5175 COUNTRY LAKES
NORTH FORT MYERS FL 33903

2. Principal Place of Business
5175 Country Lakes Dr
Suite, Apt. #, etc.

3. Mailing Address
5175 Country Lakes Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT Myers FL
Zip 33905 Country USA

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FT Myers FL
Zip 33905 Country USA

4. FEI Number 65-0809276
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOCK, KIT
5175 COUNTRY LAKES DR
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5175 Country Lakes Dr
City FT MYERS FL Zip Code 33905

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D BOCK, KIT 8450 AQUA COVE LANE NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCK, KRISTEN 8450 AQUA COVE LANE NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCK, KIT 1226 Miracle Ave FT MYERS FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bock, Kristen 1226 Miracle Lane FT MYERS FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2500 941-694-9700
Date Daytime Phone #