

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013636

1. Entity Name

JOHN GROFF LAWN CARE SERVICE, INC.

Principal Place of Business

6310 TANAGER STREET
SARASOTA FL 34241

Mailing Address

6310 TANAGER STREET
SARASOTA FL 34241-9605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0815192

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEB, ROBERT P
22 S TUTTLE AVENUE
SUITE 3
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

Groff, Lisa C.

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

6310 Tanager Street

City

Sarasota

FL

Zip Code 34241

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

Lisa C. Groff, Lisa C. Groff, Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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 D
NAME GROFF, JOHN P
STREET ADDRESS 6310 TANAGER STREET
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE D
NAME GROFF, LISA C
STREET ADDRESS 6310 TANAGER STREET
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Lisa C. Groff, Lisa C. Groff, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 (941) 925-7281

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90203 016 ***150.00

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DO NOT WRITE IN THIS SPACE