

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012916

1. Entity Name

REEVES GROUP I, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90057 035 ***158.75

Principal Place of Business

Mailing Address

2000 PLAM BEACH LAKES BLVD.
SUITE 200
WEST PALM BEACH FL 33409

2000 PLAM BEACH LAKES BLVD.
SUITE 200
WEST PALM BEACH FL 33409-6504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2810 South Military TR
Suite, Apt. #, etc.

9485 EL CLAIR RANCH RD
Suite, Apt. #, etc.

City & State

W Palm Beach FL

City & State

Boynton Beach FL

4. FEI Number

165-0893685

Applied For

Not Applicable

Zip

33415

Country

Palm Beach

Zip

33437

Country

Palm Beach

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEVES, RONALD
9485 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS REEVES, MADELINE
CITY-ST-ZIP 9485 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

TITLE ☐ Change ☐ Addition
NAME President, Secretary
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS REEVES, RONALD
CITY-ST-ZIP 9485 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

TITLE ☐ Change ☐ Addition
NAME Vice President, Treasurer
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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] REEVES, RONALD Vice President 1/25/00 561-433-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #