

# 2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1 of 2

APPROVED  
AND  
FILED

00 JUN 21 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 99000024223  
1. Entity Name  
THE GRANGE WOOD CORPORATION

Principal Place of Business Mailing Address  
2198 PRINCETON STREET SAME  
SARASOTA, FL 34237

2. Principal Place of Business "SAME AS ABOVE"  
Suite, Apt. #, etc.  
3. Mailing Address "SAME AS ABOVE"  
Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country  
4. FEI Number 99-5796643 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
BRIAN LOVREY  
2198 Princeton Street  
Sarasota, FL 34237  
7. Name and Address of New Registered Agent  
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] (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 NAME STREET ADDRESS CITY-ST-ZIP	<u>BRIAN LOVREY Pres</u> <input type="checkbox"/> Delete <u>573 CUTTER HANE</u> <u>LONGBOAT Key, FL 34228</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600003328606</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-07/19/00--01115--001</u> <u>****150.00 ****150.00</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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] BRIAN LOVREY 6/16/00 941-383-7189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

# **The Grangewood Corporation**

2198 Princeton Street  
Sarasota, Florida 34237  
Telephone: (941) 383-7189  
Fax: (941) 383-7189

*Fig. 2012*

June 8, 2000

Attn: Mrs. Michelle Milligan  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Corporation Business Report for 2000

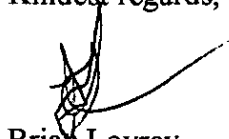
Dear Michele,

Per our phone conversation, this correspondence is to request the Division of Corporations to wave the late filing penalty due to the fact that I never received a Business Report for me to complete and file.

I apologize for any inconvenience this may have caused but I did contact you to make you aware of me not receiving this form.

Also included is the completed form that you sent me by mail and a check in the amount of \$150 for the filing fee. Thank you in advance for your assistance.

Kindest regards,



Brian Lovrey  
The Grangewood Corporation