

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S05691**

1. Entity Name

**B & B GROVES, INC.****FILED****Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90037 031 \*\*\*150.00

0517945

Principal Place of Business	Mailing Address
836 BAYHEAD RD. DADE CITY, FL P O BOX 128 SAN ANTONIO FL 33576	836 BAYHEAD RD. DADE CITY, FL P O BOX 128 SAN ANTONIO FL 33576

**00004571**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3042515</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent****SCHRADER, JEROME G.**  
**301 EAST MERIDIAN AVENUE**  
**SUITE 314**  
**DADE CITY FL 33525****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, 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, 2001 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	PD	TITLE	
NAME	BARTHLE, ROBERT J.	NAME	
STREET ADDRESS	301 E.MERIDIAN AVE.,#314	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	BARTHLE, WILLIAM A.	NAME	
STREET ADDRESS	301 E.MERIDIAN AVE.,#314	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BARTHLE, ESTELLA.T.	NAME	
STREET ADDRESS	301 E.MERIDIAN AVE.,#314	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HAMILTON, DEBORAH B.	NAME	
STREET ADDRESS	301 E.MERIDIAN AVE.,#314	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	FAGAN, LISA B	NAME	
STREET ADDRESS	301 E MERIDIAN AVEN #314	STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 352-588-2887

Date

Daytime Phone #

CR2E034 (10/00)