

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05691

1. Entity Name
B & B GROVES, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90014 044 ***150.00

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

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

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
59-3042515

Applied For
Not Applicable

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

SCHRADER, JEROME G.
301 EAST MERIDIAN AVENUE
SUITE 314
DADE CITY FL 33525

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, 2002 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
NAME BARTHE, ROBERT J.
STREET ADDRESS 301 E.MERIDIAN AVE.,#314
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

TITLE STD
NAME BARTHE, WILLIAM A.
STREET ADDRESS 301 E.MERIDIAN AVE.,#314
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

TITLE D
NAME BARTHE, ESTELLA T.
STREET ADDRESS 301 E.MERIDIAN AVE.,#314
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

TITLE D
NAME HAMILTON, DEBORAH B.
STREET ADDRESS 301 E.MERIDIAN AVE.,#314
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

TITLE S
NAME FAGAN, LISA B
STREET ADDRESS 301 E MERIDIAN AVEN #314
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *Lisa B Fagan* *Secretary* 1-15-02 352-588-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01-31-2002 90014 044 ***150.00

CR2E034 (9/01)