

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90113 016 ***150.00

DOCUMENT # S05691

1. Entity Name
B & B GROVES, INC.



Principal Place of Business
~~27511 Bayhead Rd. Dade City, FL 33523~~
**27511 Bayhead Rd.
P.O. Box 128
SAN ANTONIO, FL 33523**

Mailing Address
~~27511 Bayhead Rd. Dade City, FL 33523~~
**P.O. Box 128
San Antonio, FL 33576**



2. Principal Place of Business
27511 Bayhead Rd

3. Mailing Address
Post Office Box 128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Dade City

City & State
San Antonio

4. FEI Number **59-3042515**

Applied For
Not Applicable

Zip
33523

Country
USA

Zip
33576

Country
USA

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
Lisa Fagan

Street Address (P.O. Box Number is Not Acceptable)
27511 Bayhead Road

City **Dade City,** **FL** Zip Code **33523**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa B. Fagan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-22-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BARTHLE, ROBERT J.**
STREET ADDRESS **301 E.MERIDIAN AVE.,#314**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **17320 Bellamy Bros. Blvd**
CITY-ST-ZIP **Dade City, FL 33525**

TITLE **STB D/VP** ☐ Delete
NAME **BARTHLE, WILLIAM A.**
STREET ADDRESS **301 E.MERIDIAN AVE.,#314**
CITY-ST-ZIP **DADE CITY FL**

TITLE **VP** ☐ Change ☒ Addition
NAME
STREET ADDRESS **17846 Bellamy Bros. Blvd**
CITY-ST-ZIP **Dade City, FL 33525**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **27511 Bayhead Road**
CITY-ST-ZIP **Dade City, FL 33523**

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

TITLE **T** ☐ Change ☒ Addition
NAME
STREET ADDRESS **27771 Bayhead Road**
CITY-ST-ZIP **Dade City, FL 33525**

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

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS **27850 Bayhead Road**
CITY-ST-ZIP **Dade City, FL 33523**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa B. Fagan* **Secretary** **1-22-03 352-589-2887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)