

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S34958**

1. Entity Name  
**LUKE ANGEL GROVES, INC.**

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90016 048 \*\*\*150.00

Principal Place of Business

**1010 E CITRUS AVE  
HAINES CITY FL 33844**

Mailing Address

**P.O. BOX 366  
HAINES CITY FL 33844**

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 **59-3053663**

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

**TUNNO, W.C. JR  
1010 E CITRUS AVE  
HAINES CITY FL 33844**

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 ☐ Delete  
NAME **D GREGORY, WILLIAM JULIAN**  
STREET ADDRESS **815 ATKINSON DR**  
CITY-ST-ZIP **DALTON GA 30720**

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

TITLE ☐ Delete  
NAME **D YIRAK, JANE GREGORY**  
STREET ADDRESS **1109 INVERNESS CLIFF**  
CITY-ST-ZIP **BIRMINGHAM AL 35242**

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

TITLE ☐ Delete  
NAME **D TUNNO, MARTHA J**  
STREET ADDRESS **112 S. LINCOLN**  
CITY-ST-ZIP **TAMPA FL 33609-3045**

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

TITLE ☐ Delete  
NAME **D TUNNO, BRUCE WYCKLIFFE**  
STREET ADDRESS **7 SPENCER SHORES**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☐ Delete  
NAME **P TUNNO, W C JR**  
STREET ADDRESS **7 SPENCER SHORES**  
CITY-ST-ZIP **HAINES CITY FL 33844**

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:

**W.C. Tunno Jr** **W.C. TUNNO, JR** 1-11-02 (863) 472-1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)