

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09911

1. Entity Name

LAKE JESSUP GROVES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90088 024 ***150.00

Principal Place of Business

413 W FIRST STREET
SANFORD FL 32771
US

Mailing Address

413 W FIRST STREET
SANFORD FL 32771-1207
US

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 59-3110551

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

WALLACE, GEORGE B
413 W FIRST STREET
SANFORD FL 32771

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, 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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
P	WALLACE, GEORGE B	413 W FIRST STREET	SANFORD FL	☐ Delete					☐ Change ☐ Addition
VT	BALES, JEFFREY C	3418 S ORLANDO DR	SANFORD FL	☐ Delete	VT	BALES, JEFFREY C.	2910 W. LAKE MARY BLVD	LAKE MARY, FL 32746	☒ Change ☐ Addition
VP	LINGLE, G. KURT	111 LOCK ARBOR CT.	SANFORD FL	☐ Delete					☐ Change ☐ Addition
VPS	TRAMMELL, JOE B	720 N RIO GRANDE AVE	ORLANDO FL	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

(407) 323-3660

Daytime Phone #

CR2E034 (9/99)