

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90868 028 \*\*\*150.00

**DOCUMENT # 126906**

1. Entity Name  
**LAKE BUTLER GROVES, INC.**

Principal Place of Business <b>13100 W COLONIAL DR          P O BOX 770338          WINTER GARDEN FL 34777          US</b>	Mailing Address <b>13100 W COLONIAL DR          P O BOX 770338          WINTER GARDEN FL 34777          US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-0623383</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCPHERSON, REX V  
 2029 COMPANERO AVE.  
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
 Name **MCPHERSON, REX V**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11340 LAKE BUTLER BLVD**  
 City **WINDERMERE FL** Zip Code **34786**

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 \_\_\_\_\_ (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	
TITLE <b>STD</b>	<input type="checkbox"/> Delete
NAME <b>RIFFLE, THOMAS R.</b>	
STREET ADDRESS <b>421 MICKLETON LOOP</b>	
CITY-ST-ZIP <b>OCOOE FL 34761</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>MCPHERSON, JOHN R</b>	
STREET ADDRESS <b>1110 W IVANHOE BLVD #15</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>RODEN, LAURA D</b>	
STREET ADDRESS <b>2696 SW GREENWICH WAY</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MCPHERSON, REX V</b>	
STREET ADDRESS <b>2029 COMPANERO AVE.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>GERBER, KEENE M.</b>	
STREET ADDRESS <b>1453 KING COURT</b>	
CITY-ST-ZIP <b>WINTER SPRINGS FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIFFLE, THOMAS R.</b>	
STREET ADDRESS <b>520 N ORLANDO AVENUE #14</b>	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCPHERSON, REX V</b>	
STREET ADDRESS <b>11340 LAKE BUTLER BLVD</b>	
CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GERBER, KEENE M.</b>	
STREET ADDRESS <b>74 HICKORY DR</b>	
CITY-ST-ZIP <b>HIGHLANDS NC 28741</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS R. RIFFLE **SIGNATURE REQUIRED** THOMAS R. RIFFLE 04/10/02 407-656-2291  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)