

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90076 044 ***150.00

DOCUMENT # 230581

1. Entity Name

A. VACHON GROVES, INC.

Principal Place of Business

Mailing Address

~~2220 60 4TH STREET~~
 P.O. BOX 1196
 FT PIERCE FL 34954-1196
 US

~~2220 60 4TH STREET~~
 P.O. BOX 1196
 FT PIERCE FL 34954-1196
 US

A0018257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3755 McCarty Rd.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. PIERCE, FL

4. FEI Number **59-0880354**

Applied For
 Not Applied

Zip

Country

Zip

Country

34945 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

GRIFFIN, CHESTER B
151 HARTMAN RD
FORT PIERCE FL 34950

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	P <input type="checkbox"/> Delete
NAME	VACHON, OVIDE J
STREET ADDRESS	3755 MCCARTY RD
CITY-ST-ZIP	FT PIERCE FL
TITLE	V <input type="checkbox"/> Delete
NAME	VACHON, ANTOINETTE
STREET ADDRESS	3755 MCCARTY RD
CITY-ST-ZIP	FTY PIERCE FL
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Antoinette Vachon**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000 (561) 464-057
 Date Daytime Phone #