

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745563

1. Entity Name

GROVE ISLE ASSOCIATION, INC.

Principal Place of Business

ONE GROVE ISLE DRIVE
COCONUT GROVE FL 33133

Mailing Address

ONE GROVE ISLE DRIVE
COCONUT GROVE FL 33133-4100

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

59-1875288

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

SKRLD, INC.
201 ALHAMERA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KOPEL, LARRY THREE GROVE ISLE DR COCONUT GROVE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LEWIS, EDGAR ONE GROVE ISLE DR. COCONUT GROVE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PHYLLIS SAUNDERS TWO GROVE ISLE DRIVE COCONUT GROVE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WILSON, ALLAN THREE GROVE ISLE DRIVE COCONUT GROVE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV RICHARD CARDIN THREE GROVE ISLE DRIVE COCONUT GROVE, FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT STANLEY GETTIS ONE GROVE ISLE DRIVE COCONUT GROVE, FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS JEAN TOKAY ONE GROVE ISLE DRIVE COCONUT GROVE, FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Additio |

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 617, 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: 

SIGNATURE REQUIRED EDGAR LEWIS

FEBRUARY 9, 2000

305-858-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90016 048 ****70.00



DO NOT WRITE IN THIS SPACE