2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001210

1. Entity Name

ARNOLD GROVES AND RANCH, LTD.

FILED
00 JUN -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15625 FRANK JERRELL ~~INX~~ ROAD CLERMONT FL 34711	15625 FRANK JERRELL ~~XXX~~ ROAD CLERMONT FL 34711-8922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	15625 Frank Jarrell Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Clermont, Fl.
Zip / Country	Zip 34711 / Country US

4. FEI Number 59-3517479 ☐ 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
~~LOUV, ARTHUR R~~ ~~801 NORTH MAGNOLIA AVE, SUITE 201~~ ~~ORLANDO FL 32803~~ JOHN R. ARNOLD, JR. 15625 Frank Jarrell Rd. Clermont, FL 34711	~~Name WILLIAM CAUTHEN~~ ~~Street Address (P.O. Box Number is Not Acceptable) 215 N. JOANNA AVENUE~~ ~~City TAVARES FL Zip Code 32778-3200~~

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $3,586,403.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000105848 JOHN R. ARNOLD, INC. 666 SEMINOLE DRIVE, NE WINTER PARK FL 32789	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 ARNOLD, JOHN R 666 SEMINOLE DRIVE, NE WINTER PARK FL 32789	STREET ADDRESS CITY-ST-ZIP	100003297441--1 -06/20/00--01065--008 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (1/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED [signature] 4-17-00 407 896 0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #