

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 137404

1. Entity Name

GRACEWOOD, INCORPORATED

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90057 042 ***150.00

Principal Place of Business

Mailing Address

1626 90TH AVE.
P.O. BOX 370
VERO BEACH FL 32961-7370

1626 90TH AVE.
P.O. BOX 370
VERO BEACH FLA 32961-0370

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 59-0604109

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

LUTHER, JOHN M
1626 90TH AVE.
VERO BEACH FL FL 32966

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 CD
NAME RICHARDSON, DANFORTH K.
STREET ADDRESS 1855 28 AVENUE
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE Secretary/Treasurer ☒ Change ☐ Addition
NAME PEREZ, TOMAS RENE
STREET ADDRESS 2019 Cortez Avenue
CITY-ST-ZIP Vero Beach, FL 32960

TITLE D
NAME RICHARDSON, MARJORIE H
STREET ADDRESS 1855 28 TH AVENUE
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE DIRECTOR ☐ Change ☒ Addition
NAME KAHLE SANDRA R. KAHLE
STREET ADDRESS 6020 S.W. 5th St
CITY-ST-ZIP Vero Beach, FL 32968

TITLE PD
NAME LUTHER, JOHN M.
STREET ADDRESS 555 SOUTH A1A
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE DIRECTOR-AS ☐ Change ☒ Addition
NAME LUTHER, NANCY R.
STREET ADDRESS 555 South A1A
CITY-ST-ZIP Vero Beach, FL 32963

TITLE VD
NAME KAHLE, GEORGE A.
STREET ADDRESS 6020 SW 5TH ST.
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ATD
NAME HOPKINS, SUSAN R.
STREET ADDRESS 1580 GRACEWOOD LN.
CITY-ST-ZIP VERO BCH, FL 32963 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD ☒ Delete
NAME PEREZ, TOMAS RENE
STREET ADDRESS 2019 CORTEZ AVENUE
CITY-ST-ZIP VERO BCH, FL 00000

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tomas Rene Perez, Treasurer

4/25/2000

Date

561-567-1151

Daytime Phone #

CR2E034 19/99