

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 137404**1. Entity Name
GRACEWOOD, INCORPORATED

Principal Place of Business

1626 90TH AVE.
P.O. BOX 370
VERO BEACH
329617370

FL

Mailing Address

1626 90TH AVE.
P.O. BOX 370
VERO BEACH
329617370

FL

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUTHER JOHN M
1626 90TH AVE.VERO BEACH
32966

FL

US

7. Name and Address of New Registered Agent

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)

04/23/2001

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, 2001 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 ST ☐ Delete
NAME PEREZ, TOMAS RENE
STREET ADDRESS 2019 CORTEZ AVENUE
CITY-ST-ZIP VERO BEACH FL 32960TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ATD ☐ Delete
NAME HOPKINS, SUSAN R.
STREET ADDRESS 1580 GRACEWOOD LN.
CITY-ST-ZIP VERO BCH. FL 32963TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME KAHLE, GEORGE A.
STREET ADDRESS 6020 SW 5TH ST.
CITY-ST-ZIP VERO BCH, FL 00000TITLE ☒ Change ☐ Addition
NAME KAHLE, GEORGE A.
STREET ADDRESS 6020 SW 5TH ST.
CITY-ST-ZIP VERO BEACH FL 32968TITLE PD ☐ Delete
NAME LUTHER, JOHN M.
STREET ADDRESS 555 SOUTH A1A
CITY-ST-ZIP VERO BCH, FL 00000TITLE ☒ Change ☐ Addition
NAME LUTHER, JOHN M.
STREET ADDRESS 555 SOUTH A1A
CITY-ST-ZIP VERO BEACH FL 32963TITLE D ☐ Delete
NAME RICHARDSON MARJORIE H
STREET ADDRESS 1855 28 TH AVENUE
CITY-ST-ZIP VERO BCH, FL 00000TITLE ☒ Change ☐ Addition
NAME RICHARDSON MARJORIE H
STREET ADDRESS 1855 28 TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32960TITLE CD ☐ Delete
NAME RICHARDSON, DANFORTH K.
STREET ADDRESS 1855 28 AVENUE
CITY-ST-ZIP VERO BCH, FL 00000TITLE ☒ Change ☐ Addition
NAME RICHARDSON, DANFORTH K.
STREET ADDRESS 1855 28 AVENUE
CITY-ST-ZIP VERO BEACH FL 32960

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: TOMAS RENE PEREZ

ST

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)