

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 227973

1. Entity Name

R & R GROVE CORP

Principal Place of Business

Mailing Address

P.O. BOX 65. POINSETTIA AVE E OF 3RD  
ALTURAS FL 33820

P.O. BOX 65. POINSETTIA AVE E OF 3RD  
ALTURAS FLA 33820-0065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0889511

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERDUE, J. W.  
POINSETTIA AVE E OF 3RD STREET  
P.O. BOX 65  
ALTURAS FL 33820

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  
NAME PD  
STREET ADDRESS PERDUE, J. W.  
CITY-ST-ZIP POINSETTIA AVE E OF 3RD  
ALTURAS FL

☐ Delete

TITLE  
NAME ST  
STREET ADDRESS DONAHUE, SUSAN E  
CITY-ST-ZIP 2065 FLAMINGO DR  
BARTOW FL

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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.

J. W. PERDUE, PRESIDENT 863-537-1022 01/05/00

SIGNATURE:

*J. W. Perdue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90018 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE