

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 234489

1. Entity Name

ACOSTA GROVES, INC.

Principal Place of Business

800 W MORSE BLVD
STE-1
WINTER PARK FL 32789

Mailing Address

P O BOX 1328
WINTER PARK FL 32790

2. Principal Place of Business

800 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 1

City & State
Winter Park, FL

Zip
32789

Country
USA

3. Mailing Address

P. O. Box 1328

Suite, Apt. #, etc.

City & State
Winter Park, FL

Zip
32790

Country
USA

4. FEI Number 59-3800000

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

MURRAH, KENNETH F
PO BOX 1328, 800 W MORSE BLVD.
WINTER PARK FL 32789

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROCKEFELLER, GODFREY A
1127 VISTA DEL MAR
DEL RAY BCH. FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BLAIR, PETER H JR
2303 EAST ALAMEDA AVE.
DENVER, CO. 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ROCKEFELLER, GODFREY A.
41 BASKIN ROAD
LEXINGTON MA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MURRAH, KENNETH F
800 W MORSE BLVD, SUITE 1
WINTER PARK FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPENCER, CAROLINE R.
P.O. BOX 155, NA
WILLOWCREEK MT ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

Kenneth F. Murrah
Kenneth F. Murrah
Sect. & Tres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001

Date

407-644-9801

Daytime Phone #

CR2E034 (10/00)