

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90601 015 \*\*\*150.00

**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.**

3. Mailing Address

**P. O. Box 1328**

Suite, Apt. #, etc.

**Suite 1**

Suite, Apt. #, etc.

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

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

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

## 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)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP	ROCKEFELLER, GODFREY A	1127 VISTA DEL MAR DEL RAY BCH. FL	<input type="checkbox"/>
	DV	BLAIR, PETER H JR	2303 EAST ALAMEDA AVE. DENVER, CO 00000	<input type="checkbox"/>
	VPD	ROCKERFELLER, GODFREY A.	41 BASKIN ROAD LEXINGTON MA	<input type="checkbox"/>
	ST	MURRAH, KENNETH F	800 W MORSE BLVD, SUITE 1 WINTER PARK FL	<input type="checkbox"/>
	D	SPENCER, CAROLINE R.	P.O. BOX 155, NA WILLOWCREEK MT	<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 24, 2002* 407-644-9801  
Date Daytime Phone #

CF2E034 (9/01)