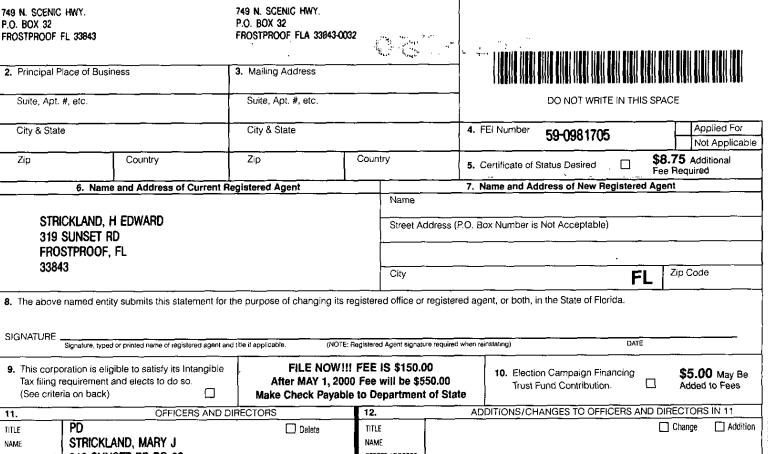
## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # 256110** 1. Entity Name WARDLAW -MARY J- GROVES INC

Principal Place of Business





319 SUNSET RD PO 32 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE STRICKLAND, H EDWARD NAME STREET ADDRESS STREET ADDRESS 319 SUNSET RD PO 32 CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P □ Change Addition ☐ Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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.

H. Edward Strickland

04-17-00

863-635-4853

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99