2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Jack H. Ross

FILED **DOCUMENT # 299866** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** JACK H. ROSS GROVES, INC. 02-26-2000 90048 009 ***150.00 Principal Place of Business Mailing Address 12525 W. LAKE BUTLER RD. 12525 W. LAKE BUTLER RD. WINDERMERE FL 34786 WINDERMERE FL 34786-7603 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1143956 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSS, JACK H Street Address (P.O. Box Number is Not Acceptable) 12525 W LK BUTLER RD **WINDERMERE FL 34786** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD Change ☐ Delete TITLE TITLE ROSS, JACK H NAME STREET ADDRESS STREET ADDRESS 12525 W LK BUTLER RD CITY-ST-ZIP CITY-ST-ZIP WINDERMERE, FL 00000 ☐ Addition ☐ Delete Change TITLE ROSS, PATRICIA NAME STREET ADDRESS STREET ADDRESS 12525 W LK BUTLER RD CITY-ST-ZIP CITY-ST-7IP WINDERMERE, FL 00000 Delete ☐ Addition Change TITLE TITLE NAME NAME ROSS, JAMES, W STREET ADDRESS STREET ADDRESS 12525 W LAKE BUTLER RD CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL ☐ Addition ☐ Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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