

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394684

1. Entity Name

TILDEN GROVES HOLDING CORP.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90200 028 \*\*\*150.00

0560717

Principal Place of Business  
1060 TILDENVILLE SCHOOL ROAD  
P.O. BOX 770128  
WINTER GARDEN FL 34777-7128

Mailing Address  
1060 TILDENVILLE SCHOOL ROAD  
P.O. BOX 770128  
WINTER GARDEN FL 34777-7128

763823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
c/o Sampey, Dexter & Reseta

3. Mailing Address  
c/o Sampey, Dexter & Reseta

Suite, Apt. #, etc.  
315 E. Robinson St. Ste 690

Suite, Apt. #, etc.  
P.O. Box 632

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number 59-1368669

Applied For  
Not Applicable

Zip  
32801

Country  
USA

Zip  
32802

Country  
USA

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

~~MORRISON, ROBERT~~  
~~105 E ROBINSON, STE 201~~  
~~ORLANDO FL 32801~~

Name ~~Rick Dickson~~ **RUSSELL K DICKSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**First Union Building, Suite 1500**  
**20 North Orange Avenue**  
City **Orlando** **FL** Zip Code **32801**

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 of registered agent 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  
D  
TILDEN, ROBERT L.  
2512 BETTON WOODS DR.  
TALLAHASSEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COOK, HARRY L.  
1060 TILDENVILLE SCHOOL RD  
WINTER GARDEN FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
113 Campbell Drive  
Pisgah Forest, NC 28768

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
QUALLS, WANDA P. (ASS'T)  
880 TILDENVILLE SCH. RD.  
WINTER GARDEN FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BIGELOW, LYDIA T.  
906 NW 36TH ROAD  
GAINESVILLE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
VAUGHAN, JOANNE D.  
4634 OAK COVE LANE  
ORLANDO FL ☐ 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:

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

Date

Daytime Phone #

CR2E034 (10/00)