

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90329 004 ***150.00

DOCUMENT # 539354

1. Entity Name
SANTA ROSA GROVES, INC.



Principal Place of Business
**741 WEST TROPICAL WAY
PLANTATION FL 33317-3349**

Mailing Address
**741 WEST TROPICAL WAY
PLANTATION FL 33317-3349**

2. Principal Place of Business

3. Mailing Address

P.O. Box 4785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Thousand Oaks, CA

4. FEI Number

59-1918829

Applied For

Not Applicable

Zip

Country

Zip

91359

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KUHARCIK, JOSEPH
1211 THE PLAZA
SINGER ISLAND FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RICCOBONO, SIMONE**
STREET ADDRESS **P O BOX 4785**
CITY-ST-ZIP **THOUSAND OAKS CA 91359**

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

TITLE **VP** ☒ Delete
NAME **RICCOBONO, MARIE**
STREET ADDRESS **1355 W PALMETTO PARK ROAD**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE **TS** ☐ Delete
NAME **BATUR, ANTOINETTE**
STREET ADDRESS **9615 COZYCRAFT AVE**
CITY-ST-ZIP **CHATSOWRTH CA**

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

TITLE **V** ☒ Delete
NAME **RICCOBONO, MARIE**
STREET ADDRESS **741 WEST TROPICAL WAY**
CITY-ST-ZIP **PLANTATION FL 33317-3349**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

1-6-03 805-484-3209

CR2E034 (10/02)