

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707497

1. Entity Name

GROVE CITY CMC ASSOCIATION, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90007 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2481 SANDY LANE  
GROVE CITY FL 34224  
US

P.O BOX 5201  
GROVE CITY STATION  
GROVE CITY FL 34224-0201  
US

2. Principal Place of Business

2080 Oyster Creek Drive

3. Mailing Address

P.O. Box 5201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Grove City Station

City & State

Grove City FL 34224

City & State

Grove City FL 34224-0201

4. FEI Number

59-2130884

Applied For

Not Applicable

Zip

34224

Country

U.S.A./

Zip

34224

Country

U.S.A.

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

FORD, ALAN  
2481 SANDY LANE  
GROVE CITY FL 34224

Name  
Berghoef, Gerard

Street Address (P.O. Box Number is Not Acceptable)  
2080 Oyster Creek Drive

City  
Grove City

FL

Zip Code  
34224

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

Gerard Berghoef, Pres.

4/18/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME FORD, ALAN  
STREET ADDRESS 2481 SANDY LANE  
CITY-ST-ZIP GROVE CITY FL

TITLE P ☒ Change ☐ Addition  
NAME Berghoef, Gerard  
STREET ADDRESS 2080 Oyster Creek Drive, Grove City FL  
CITY-ST-ZIP 34224

TITLE VP ☐ Delete  
NAME BERGHOEF, GERARD  
STREET ADDRESS 2080 OYSTER CREEK DRIVE  
CITY-ST-ZIP GROVE CITY FL

TITLE VP ☒ Change ☐ Addition  
NAME MASCOOP, Elliott  
STREET ADDRESS 9300 Pine Cove Dr.  
CITY-ST-ZIP Englewood, FL 34224

TITLE S ☐ Delete  
NAME SHINSKE, AUDREY  
STREET ADDRESS 2820 12TH STREET  
CITY-ST-ZIP GROVE CITY FL

TITLE S ☐ Change ☐ Addition  
NAME Shinske, Audrey  
STREET ADDRESS 2820 12th Street  
CITY-ST-ZIP Grove City FL 34224

TITLE T ☐ Delete  
NAME GUTKNECT, ANNETTE  
STREET ADDRESS 2129 MISSISSIPPI  
CITY-ST-ZIP GROVE CITY FL

TITLE T ☒ Change ☐ Addition  
NAME Brokaw, Jody  
STREET ADDRESS 8171 Drew Str.  
CITY-ST-ZIP Grove City FL 34224

TITLE D ☐ Delete  
NAME VOLKER, JOE  
STREET ADDRESS 1949 MISSISSIPPI  
CITY-ST-ZIP GROVE CITY FL

TITLE D ☒ Change ☐ Addition  
NAME Ferguson, Ernie  
STREET ADDRESS 2122 Arkansas Ave  
CITY-ST-ZIP Grove City, FL 34224

TITLE D ☐ Delete  
NAME SPOWART, NOEL  
STREET ADDRESS 3230 HOLLY  
CITY-ST-ZIP GROVE CITY FL

TITLE D ☒ Change ☐ Addition  
NAME Ford, Alan  
STREET ADDRESS 2481 Sandy Lane  
CITY-ST-ZIP Grove City FL 34224

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 617, 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

Gerard Berghoef, Pres 18/4/00941 475 9131

Date

Daytime Phone #

CR2E037 (9/99)