

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720195

1. Entity Name

THE GROVE COUNSELING CENTER, INC.

Principal Place of Business

585 EAST SR 434
LONGWOOD FL 32750
US

Mailing Address

585 EAST SR 434
LONGWOOD FL 32750
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7109532

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRCH, LARRY A
441 AMTHYST WAY
LAKE MARE FL 32750

7. Name and Address of New Registered Agent

Name LARRY A. BIRCH

Street Address (P.O. Box Number is Not Acceptable)
1435 KETTLEDOWN TRAIL

City ENTERPRISE

FL

Zip Code
32725

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

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

LARRY A. BIRCH, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

1/29/02
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

TITLE ☐ Delete
NAME FOREMAN, SUE
STREET ADDRESS 1940 SUMMERLAND AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME NATISHYN-SINGLETARY, MARY J
STREET ADDRESS 1319 N COCHRAN RD
CITY-ST-ZIP GENEVA FL 32732

TITLE ☐ Delete
NAME BERTRAM, PAUL R
STREET ADDRESS 4522 CLARCONA OCOEE RD STE 100
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete
NAME SIMEONE, MEREDITH
STREET ADDRESS 2020 MCCRAKEN RD
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME BIRCH, LARRY A
STREET ADDRESS 441 AMTHYST WAY
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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:

LARRY A. BIRCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 (407) 327-1765 111
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)