

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
04-13-2001 90079 008 \*\*\*158.75

**DOCUMENT # 828305**

1. Entity Name

**LANGDON BARBER GROVES, INC.**

Principal Place of Business

**1450 BELL AVE.  
FT. PIERCE FL 34919  
US**

Mailing Address

**LANGDON BARBER GROVES  
P.O. BOX 13540  
FORT PIERCE FL 34979  
US**

2. Principal Place of Business

**5350 Sun Citrus Blvd**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Fort Pierce, FL**

City & State

4. FEI Number **36-2665637**

Applied For

Not Applicable

Zip

**34946**

Country

**US**

Zip

Country

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

**KENNEDY, JOHN T.  
RIVER ONE PLAZA  
309 EAST OSCEOLA ST. #206  
STAURT FL 34994**

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.

SIGNATURE

Signature, typed 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 **COB** ☐ Delete  
NAME **MACKIE, EUGENE D**  
STREET ADDRESS **10409 NORTHWARE RD**  
CITY-ST-ZIP **MCALLEN TX**

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

TITLE **D** ☐ Delete  
NAME **MACKIE, MARIAN B**  
STREET ADDRESS **9600 SOUTH GARCIA APT. 3**  
CITY-ST-ZIP **PORT ISABEL TX**

TITLE ☒ Change ☐ Addition  
NAME **Mackie, Marian B.**  
STREET ADDRESS **2304 Colorado**  
CITY-ST-ZIP **Mission TX 78572**

TITLE **TS** ☐ Delete  
NAME **MACKIE, EVON F**  
STREET ADDRESS **673 CARNIVAL TR**  
CITY-ST-ZIP **SEBASTIAN FL**

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

TITLE **P** ☐ Delete  
NAME **MACKIE, JEFFREY J.**  
STREET ADDRESS **673 CARNIVAL TR.**  
CITY-ST-ZIP **SEBASTIAN FL**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-461-8000**

CR2E034 (10/00)