

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A05491**

1. Entity Name
GROVE RESTAURANT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**90 EDGEWATER DR
SUITE 702
CORAL GABLES FL 33133**

Mailing Address
**90 EDGEWATER DR
SUITE 702
CORAL GABLES FL 33133**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-1779940** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MEREDITH, SPENCER B.
90 EDGEWATER DR
SUITE 702
CORAL GABLES FL 33133**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MEREDITH, SPENCER B III 421 CHARLESTON GREENE MALVERN PA 19355
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BELL, CRAIG M 1704 JENNINGS WAY PAOLI PA 19301
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	500003391205-1 -09/13/00-01039-013 *****97.50 *****97.50
STREET ADDRESS CITY-ST-ZIP	500003391205-1 -09/13/00-01039-014 *****52.50 *****52.50
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SCOTT M. RIBBLED** August 31, 2000 (215) 563-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Mo Phone #

0005 0003 5000