

2001 UNIFORM BUSINESS REPORT (UBR)

0013633 AF

DOCUMENT # **A23893**

1. Entity Name

MEDORA GROVES LTD.

FILED

01 APR 23 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

P.O. BOX 900596

HOMESTEAD FL 33090

Mailing Address

P.O. BOX 900596

HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2756040

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

7. Name and Address of New Registered Agent

~~KROME, WM. H.~~
15101 S.W. 200 ST.
MIAMI FL 33187

Name

Medora K. Alleman

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

17845 S.W. 296 St.

City

Homestead,

FL

Zip Code
33030

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 **Medora K. Alleman, Limited Partner** *Medora K. Alleman* **4-12-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.

\$1,481,864.00

10. Amount of Capital Contributions in FLORIDA to date.

\$161,713.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **KROME, JOHN E.**
STREET ADDRESS **1322 MALLORY CT.**
CITY-ST-ZIP **NORFOLK VA**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **KROME, WM. H.**
STREET ADDRESS **15101 S.W. 200TH ST.**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

John E. Krome **4-12-01**

(752) 622-1796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)