

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28196

1. Entity Name

BLUE HERON GROVES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 26 PM 2:49



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2060 80 FOOT RD  
BARTOW FL 33830

Mailing Address

2060 80 FOOT RD  
BARTOW FL 33830

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 59-2941463

Applied For  
Not Applicable

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

HALL, W. GARVIE  
2060 80 FOOT RD  
BARTOW FL 33830

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. Capital Contributions as Shown on record. \$12,112,500.00

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 # P98000095900  
NAME CITRUS CREEK, INC.  
STREET ADDRESS 2060 EIGHT FOOT ROAD  
CITY-ST-ZIP BARTOW FL 33831

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300004451233--0  
-06/29/01--01015--025  
\*\*\*\*437.50 \*\*\*\*437.50

STREET ADDRESS

CITY-ST-ZIP

300004451233--0  
-06/29/01--01015--026  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

STREET ADDRESS

CITY-ST-ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WILLIAM G. HALL 4/20/01 863-5371  
PRESIDENT CITRUS CREEK, INC.

0518 AF