

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000553

1. Entity Name

IVEY GROVES, LTD.

Principal Place of Business
2220 BOGGY CREEK ROAD
KISSIMMEE FL 34744

Mailing Address
2220 BOGGY CREEK ROAD
KISSIMMEE FL 34744-4431

APPROVED
AND
FILED

00 MAR 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/6



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 59-3238964

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

MOTOLAW, INC.
C/O MILAM OTERO LARSEN DAWSON & TRAYLOR PA
1301 RIVERPLACE BLVD., STE. 1301
JACKSONVILLE FL 32207

Name
UWSA SERVICES, INC.

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

City
ORLANDO

FL

Zip Code
32804

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. \$300,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000020397
NAME IVEY FAMILY HOLDINGS, INC.
STREET ADDRESS 2220 BOGGY CREEK ROAD
CITY - ST - ZIP KISSIMMEE FL 34744

STREET ADDRESS

CITY - ST - ZIP

000003208460 0
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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: X *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/00

Date

Daytime Phone #

CR2E003 (9/99)