

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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A1

DOCUMENT # A94000000553

1. Entity Name
IVEY GROVES, LTD.

02 APR 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1936 LEE ROAD, SUITE 101
WINTER PARK FL 32789

Mailing Address
P.O. BOX 2310
WINTER PARK FL 32790-2310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

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

W & P SERVICES, INC.
1936 LEE ROAD, SUITE 101
WINTER PARK FL 32789

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.

DATE

9. Capital Contributions as Shown on record. \$300,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$300,000.00

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

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005237247--4
CITY-ST-ZIP	-03/13/02--90038--032
	***526.25 ***376.25
STREET ADDRESS	700005237247--4
CITY-ST-ZIP	-04/11/02--01020--001
	***150.00 ***150.00
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:

Signature and typed or printed name of signing general partner

Clarence L. Ivey

2/21/02

407-691-0500

Date

Daytime Phone #

CR2E003 (9/01)