

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010311 AF

DOCUMENT # **A97000000863**

1. Entity Name

**GROVE HILL APARTMENTS, LTD.**

**FILED**  
01 APR 30 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2600 SOUTH FLORIDA AVENUE  
LAKELAND FL 33803**

Mailing Address  
**2600 SOUTH FLORIDA AVENUE  
LAKELAND FL 33803**



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 **59-3439041**

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

**HULL, CRAIG  
1109 EAST ORANGE STREET  
LAKELAND FL 33801**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$1,500,000.00**

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 # **P97000034671**  
NAME **RAAC, INC.**  
STREET ADDRESS **2600 SOUTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND FL 33803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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**05/16/01 01040-010**

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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:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**CRAIG HULL**

**4/10/01**

Date

**863-683-1122**

Daytime Phone #

CR2E003 (11/00)