

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUN 12 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001090

1. Entity Name
TRIPLE K GROVES, LTD.

Principal Place of Business
311 HIBISCUS TRAIL
MELBOURNE BEACH FL 32951

Mailing Address
311 HIBISCUS TRAIL
MELBOURNE BEACH FL 32951



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-2850736 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

KERR, WILLIAM W IV
311 HIBISCUS TRAIL
MELBOURNE BEACH FL 32951

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 DATE 4-26-02

9. Capital Contributions as Shown on record. \$1,600,000.00

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 #
NAME WILLIAM W. KERR, IV
STREET ADDRESS 311 HIBISCUS TRAIL
CITY-ST-ZIP MELBOURNE BEACH FL 32951

STREET ADDRESS
CITY-ST-ZIP 200005790272-- 8
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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: DATE 6/9/02 (321) 951-7964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)