

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000219

1. Entity Name

GARDEN GROVES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business  
450 CHALLENGER RD  
CAPE CANAVERAL FL 32920

Mailing Address  
450 CHALLENGER RD  
CAPE CANAVERAL FL 32931-5102



2. Principal Place of Business  
5505 N. Atlantic Ave.  
Suite, Apt. #, etc.  
115

3. Mailing Address  
5505 N. Atlantic Ave.  
Suite, Apt. #, etc.  
115

DO NOT WRITE IN THIS SPACE

City & State  
Cocoa Beach, FL

City & State  
Cocoa Beach, FL

4. FEI Number  
59-3543416

Applied For  
Not Applicable

Zip Country  
32931 USA

Zip Country  
32931 USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE  
450 CHALLENGER RD  
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name  
Jacqueline McPhillips  
Street Address (P.O. Box Number is Not Acceptable)  
5505 N. Atlantic Ave., #115  
City Cocoa Beach FL Zip Code 32931

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. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00

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

DOCUMENT # P98000006385  
NAME HERITAGE GARDEN GROVES, INC.  
STREET ADDRESS 450 CHALLENGER RD  
CITY - ST - ZIP CAPE CANAVERAL FL 32920

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5505 N. Atlantic Ave., #115  
CITY - ST - ZIP Cocoa Beach, FL 32931

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #