

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H35562

1. Entity Name

BRAD RICH GROVE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90092 016 ***150.00

Principal Place of Business

Mailing Address

1626-90TH AVENUE
P.O. BOX 370

1626-90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-0370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2474309**

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

LUTHER, JOHN M
555 A1A HIGHWAY
VERO BEACH FL 32963

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 SOUTH A1A HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6050 5TH ST. S.W.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUTHER, NANCY R	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVENUE,	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUTHER, NANCY R	
STREET ADDRESS	555 S A1A HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	HOPKINS, SUSAN R	
STREET ADDRESS	265 RIVERWAY DR	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	Chairman-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Danforth K.	
STREET ADDRESS	1855 - 28th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHLE, SANDRA R.	
STREET ADDRESS	6050 - 5th St. S.W.	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER, NANCY R.	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tomas Rene Perez

4/25/2000 561-567-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)