

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90260 035 ***150.00

DOCUMENT # H35562

1. Entity Name
BRAD RICH GROVE, INC.



Principal Place of Business
**1626-90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370**

Mailing Address
**1626-90TH AVENUE
P.O. BOX 370
VERO BEACH FL 32961-7370**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2474309**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6050 5TH ST. S.W.	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	AS	<input checked="" 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 32960	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUTHER, NANCY R	
STREET ADDRESS	555 S A1A HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	HOPKINS, SUSAN R	
STREET ADDRESS	1590 GRACEWOOD LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kahle, Sandra R.	
STREET ADDRESS	6020 S.W. 5th Street	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Marjorie H.	
STREET ADDRESS	1626 - 90th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hopkins, Carter W.	
STREET ADDRESS	1580 Gracewood Ln.	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richardson, Danforth K.	
STREET ADDRESS	1626 - 90th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luther, Nancy R.	
STREET ADDRESS	555 S A1A Highway	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tomas Rene Perez* **REQUIRED** **Tomas Rene Perez - Treas.**

April 15, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)