

# 2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # H77427

1. Entity Name

CARTER-PRYOR GROVES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 24 AM 8:42

Principal Place of Business

C/O CHARLES R. CARTER  
519 ELEUTHERA LN  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

C/O CHARLES R. CARTER  
519 ELEUTHERA LN  
INDIAN HARBOUR BEACH FL 32937

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

59-2621584

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

CARTER, CHARLES R.  
519 ELEUTHERA LN  
INDIAN HARBOUR BEACH FL 32937

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CARTER, CHARLES R.  
519 ELEUTHERA LN  
INDIAN HRBR BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800003344348--4  
-08/02/00--01080--012  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
PRYOR, WILLIAM P.  
3006 S A1A  
VERO BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-773-2134

CR2E034 (5/00)

2082

July 14, 2000

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Carter-Pryor Groves, Inc.  
FEI Number 59-262158

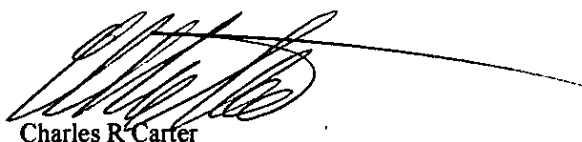
Dear Sir or Madam:

This is to inform you that I, Charles Carter, have recently (7/11/200) suffered the loss of my wife. She was in a critical condition since April of 2000. As a result I overlooked the initial Uniform Business Report renewal.

Per Christen (7/14/2000) in the Reinstatement Division, I am sending the \$150 renewal fee for the 2000 Report for the above referenced corporation. The second notice is enclosed with the check, as I am unable to locate the initial notice.

Thank you for your understanding.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Charles R. Carter', with a long horizontal line extending to the right.

Charles R Carter

ah  
kk