

DOCUMENT # H95690

1. Entity Name
CAMPBELL GROVE CARE, INC.

FILED

00 DEC 20 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2080 HIGHWAY 540 W
P.O. BOX 920
WINTER HAVEN FL 33882-7920

Mailing Address
2080 HIGHWAY 540 W
P.O. BOX 920
WINTER HAVEN FL 33882-7920

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 59-2622369

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, ARCHIBALD L III
102 CAMPBELL DR.
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

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

12-12-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VSD	CAMPBELL, ARCHIBALD III	102 CAMPBELL DR.	WINTER HAVEN FL	<input type="checkbox"/>
PT	CAMPBELL, ARCHIBALD III	102 CAMPBELL DR.	WINTER HAVEN FL	<input type="checkbox"/>
V	CAMPBELL, ARCHIBALD D	5901 SR 542 E	WINTER HAVEN FL 33884	<input checked="" type="checkbox"/>
V	CAMPBELL, JR A	2415 N LK, WINTERSET RD	WINTER HVEN FL 33884	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-2000

Date

Daytime Phone #

CR2E034 (5/00)