

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95690

1. Entity Name  
CAMPBELL GROVE CARE, INC.

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  
905 S. Hillside Court  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 112  
Suite, Apt. #, etc.

City & State  
Winter Haven, FL  
Zip  
33881  
Country  
USA

City & State  
Lake Wales, FL  
Zip  
33859  
Country  
USA

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  
Campbell, Archibald L. III  
Street Address (P.O. Box Number is Not Acceptable)  
905 S. Hillside Court  
City  
Winter Haven, FL Zip Code  
33881

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

Sep 4, 01

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 12, 2001 Fee 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	VSD CAMPBELL, ARCHIBALD III 102 CAMPBELL DR. WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMPBELL, ARCHIBALD III 102 CAMPBELL DR. WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Campbell, Archibald III 905 S. Hillside Court Winter Haven, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Campbell, Archibald III 905 S. Hillside Court Winter Haven, FL 33881	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 4, 01

Date

863/287-4149

Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90001 032 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

0128720 AT

CR2E034 (5/01)