

2001 UNIFORM BUSINESS REPORT (UBR)

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

0123720 AT

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

City & State
Lake Wales, FL

4. FEI Number **59-2622369**

Applied For
 Not Applicable

Zip Country
33881 USA

Zip Country
33859 USA

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

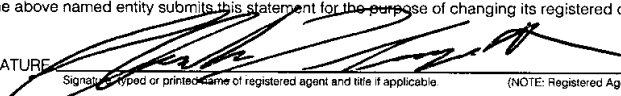
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 

DATE **Sep 4, 01**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** Delete
 NAME **CAMPBELL, ARCHIBALD III**
 STREET ADDRESS **102 CAMPBELL DR.**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VSD** Change Addition
 NAME **Campbell, Archibald III**
 STREET ADDRESS **905 S. Hillside Court**
 CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **PT** Delete
 NAME **CAMPBELL, ARCHIBALD III**
 STREET ADDRESS **102 CAMPBELL DR.**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **PT** Change Addition
 NAME **Campbell, Archibald III**
 STREET ADDRESS **905 S. Hillside Court**
 CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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:  **SEP 4 2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Sep 4, 01** DAYTIME PHONE # **863/287-4149**

CR2E034 (5/01)