

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008614

1. Entity Name
GOLDEN GROVES, LLC

FILED

01 JUN 22 AM 11:41

Principal Place of Business

611 W. AZEELE ST.
TAMPA FL 33606

Mailing Address

611 W. AZEELE ST.
TAMPA FL 33606

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

H. STRATTON SMITH III, ESQ.
611 W. AZEELE ST.
TAMPA FL 33606

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004460711--6
-07/05/01--01103--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
JAMES E. DICKERSON, MANAGER
STREET ADDRESS
C/O 611 W. AZEELE ST.
CITY-ST-ZIP
TAMPA, FL 33606

TITLE NAME ☐ Delete
JAMES E. DICKERSON, PRESIDENT
STREET ADDRESS
DICKERSON MANAGEMENT CORP.
CITY-ST-ZIP
AS GENERAL PARTNER FOR

TITLE NAME ☐ Delete
[REDACTED]
STREET ADDRESS
C/O 611 W. AZEELE ST.
CITY-ST-ZIP
TAMPA, FL 33606

TITLE NAME ☐ Delete
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE NAME ☐ Delete
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

TITLE NAME ☐ Delete
[REDACTED]
STREET ADDRESS
[REDACTED]
CITY-ST-ZIP
[REDACTED]

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Diane P. Dickerson Diane P. Dickerson 4/30/01 (813) 988 3063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)