

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009591

1. Entity Name
OLDE GROVE PARTNERS, LLC

Principal Place of Business
112 SOUTH LAKE AVENUE
ORLANDO FL 32801

Mailing Address
112 SOUTH LAKE AVENUE
ORLANDO FL 32801

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

59-3668047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
20 N. ORANGE AVENUE, SUITE 1000
ORLANDO FL 32801

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	J. SCOTT HENDERSON	
STREET ADDRESS	112 S. LAKE AVE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VICE PRES / SECRETARY	<input type="checkbox"/> Delete
NAME	J. SCOTT BANTA	
STREET ADDRESS	112 S. LAKE AVE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VICE PRES / TREASURER	<input type="checkbox"/> Delete
NAME	BRUCE K. NELSON	
STREET ADDRESS	112 S. LAKE AVE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01

Date

407-872-3028

Daytime Phone #



DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01 MAY -4 PM 2:37

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