

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011829

1. Entity Name  
DUNN GROVES & RANCH, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -8 PM 4: 53

Principal Place of Business  
2075 38TH AVE.  
VERO BEACH FL 32960

Mailing Address  
2075 38TH AVE.  
VERO BEACH FL 32960



MIJH

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

65-1045211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINTON, MICHAEL D  
1903 S. 25TH ST., STE. 200  
FT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name DUNN, ROBERT N.  
Street Address (P.O. Box Number is Not Acceptable)  
2075 38th AVE  
VERO BEACH,  
City FL Zip Code 32960

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 Robert N. Dunn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/01

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

200003675572--4  
-02/13/01--01007--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
DUNN, ROBERT N  
STREET ADDRESS 325 PRINCETON AVE.  
CITY-ST-ZIP PRINCETON NJ 08540-1617 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 2075 38th AVE  
CITY-ST-ZIP VERO BEACH, FL 32960

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:

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

Date

Daytime Phone #

1/23/01 564 978-4221

CR2E083 (11/00)