

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016147

1. Entity Name

GROVE MOBILE PARK, L.L.C.

Principal Place of Business

1207 Daniels Rd
Winter Garden
FL 34787

Mailing Address

420 Butler St.
Windermere
FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1207 Daniels Rd

Suite, Apt. #, etc.

420 Butler St.

City & State

Winter Garden FL

City & State

Windermere FL

Zip

34787

Country

Orange

Zip

34786

Country

Orange

4. FEI Number

593694169

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 AUG 21 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Susan D. Shaw

Street Address (P.O. Box Number is Not Acceptable)

420 Butler St.

City

Windermere

FL

Zip Code

34786

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

400004552704--7

08/23/01--01069--007

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

President
David Daniels
812 Centerbrook Dr.
Brandon, FL 33511

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

Susan Shaw
420 Butler St.
Windermere, FL 34786

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

Secy
Susan Shaw
420 Butler St.
Windermere, FL 34786

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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:

Susan Shaw

8-17-01

407-876-3824

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

Date

Daytime Phone #

CR2E083 (11/00)