

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-23-2002 90049 006 ****50.00

DOCUMENT # L01000019576

1. Entity Name

MCDERMID GROVES, LLC

Principal Place of Business

**401 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34950**

Mailing Address

**401 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34950****16344**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEE, FRANK H III
401 SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34950

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~Manager/Member~~ **MGRM** ☐ Delete
 NAME **STELLA HABERLANDT**
 STREET ADDRESS **10 Rathbun Place**
 CITY-ST-ZIP **Mystic, CT 06355-2434**

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

TITLE ~~Manager/Member~~ **MGRM** ☐ Delete
 NAME **BETH M. CARLEY**
 STREET ADDRESS **5220 Skidaway Drive**
 CITY-ST-ZIP **Alpharetta, GA 30022-4578**

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

TITLE ~~Manager/Member~~ **MGRM** ☐ Delete
 NAME **H. CALVIN McDERMID, II**
 STREET ADDRESS **200 South Indian River Drive**
 CITY-ST-ZIP **Fort Pierce, FL 34950**

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

TITLE ~~Manager/Member~~ **MGRM** ☐ Delete
 NAME **TURNER A. McDERMID**
 STREET ADDRESS **P O Box 808**
 CITY-ST-ZIP **Mt. Vernon, GA 30445**

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

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
 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 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 #

CR2E083 (9/01)