2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29047

1. Entity Name

DUCK POINT GROVES, INC.

Principal Place of Business	Mailing Address
9980 US #1 P.O. BOX 780357 SEBASTIAN FL 32978	9980 US #1 P.O. BOX 780357 SEBASTIAN FL 32958-3760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 1141 US #1
Suite, Apt. #, etc.

3. Mailing Address — P.O. BOX 780357
Suite, Apt. #, etc.

City & State: SEBASTIAN, FLORIDA
City & State: SEBASTIAN, FLORIDA

Zip: 32958 — Country: INDIAN RIVER
Zip: 32958-3760 — Country: INDIAN RIVER

4. FEI Number 65-0178101 — Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICKERS, JACK K. 9980 US #1 SEBASTIAN FL 32958	Name: BETTY V. SALMELA Street Address (P.O. Box Number is Not Acceptable): 1141 US #1 City: SEBASTIAN FL Zip Code: 32958

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 _Betty V. Salmela_
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

DATE 1-27-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DS NAME: ROGERS, DOROTHY V. STREET ADDRESS: 182 EASY ST CITY-ST-ZIP: SEBASTIAN FL		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: DVP NAME: VICKERS, DONALD S. STREET ADDRESS: 13995 N INDIAN RIVER DR CITY-ST-ZIP: SEBASTIAN FL		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: DP NAME: VICKERS, JACK K. STREET ADDRESS: 1053 SILVER FOX, ROUTE 3 WOLF LAURAL CITY-ST-ZIP: MARS HILL NC		☐ Delete	TITLE: NAME: STREET ADDRESS: 1031 WHITTLING WOOD DRIVE CITY-ST-ZIP: JOHNSON CITY, TN 37601-2966		☒ Change ☐ Addition
TITLE: DT NAME: SALMELA, BETTY V. STREET ADDRESS: 1141 US #1 CITY-ST-ZIP: SEBASTIAN FL		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Betty V. Salmela Pres._
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-27-2000

Daytime Phone #