

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90056 043 ***150.00

DOCUMENT # L 44359

1. Entity Name

GROVE GOLF COMMUNITY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8762 ESTATE DR

Suite, Apt. #, etc.

3. Mailing Address

8762 ESTATE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip

33411

Country

Zip

33411

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SLAMAN, ALLEN I

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

8762 ESTATE DR

City

WEST PALM BEACH

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SLAMAN, ALLEN I
8762 ESTATE DR
W. PALM BCH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SLAMAN, ROBERT A
4646 W BROWDSW HWY
KIDDSIMMEE, FL 33474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WEINSTEIN, FRED
1901 S. CONGRESS #360
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

ALLEN I. SLAMAN

SIGNATURE:

Allen I. Slaman, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

Date

(561) 309-1995

Daytime Phone #

CR2E034B (12/02)