

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014671 AF

DOCUMENT # L95000000873

1. Entity Name  
CAMPBELL GROVES, L.C.

00 APR 17 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
650 NORTH ROCK ROAD  
FORT PIERCE FL 34945

Mailing Address  
650 NORTH ROCK ROAD  
FORT PIERCE FL 34945-3439



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mmmm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0639986

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, ESQ  
401-A SOUTH INDIAN RIVER DRIVE  
FORT 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME SCOTT, KENNETH T  
STREET ADDRESS 650 NORTH ROCK ROAD  
CITY-ST-ZIP FORT PIERCE FL 34945

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003228900-0000-0000  
-04/28/00-01065-002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME SCOTT, DAN C  
STREET ADDRESS 1901 SOUTH INDIAN RIVER DRIVE  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE MGR  
NAME SCOTT, DAN C.  
STREET ADDRESS 9406 Bunting LANE  
CITY-ST-ZIP FT. PIERCE, FL 34951

TITLE MGR  
NAME BROWN, EDGAR A  
STREET ADDRESS 13939 INDRIO ROAD  
CITY-ST-ZIP FORT PIERCE FL 34945

TITLE  
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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: Edgar A. Brown EDGAR A. BROWN 3/24/00 561 464-4141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)