

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000008887

Entity Name

PRICE GROVES, L. L. C.

FILED  
00 MAY 18 PM 2: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
14022 5th Street      P. O. Box 1165  
Dade City, FL      Dade City, FL  
33525      33526-1165

Principal Place of Business      3. Mailing Address  
14022 5th Street      P. O. Box 1165  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
Suite C

City & State      City & State  
Dade City, FL      Dade City, FL

Zip      Country      Zip      Country  
33525      USA      33526-1165      USA

4. FEI Number      Applied For  
59-2981327      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Frank J. Rief III  
Rief & Straske  
442 W. Kennedy Blvd., Suite 340  
Tampa, FL 33606

7. Name and Address of New Registered Agent  
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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Florida Colonial Groves, Inc.		NAME		
STREET ADDRESS	14022 5th Street		STREET ADDRESS		
CITY-ST-ZIP	Dade City, FL 33525		CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen C. Price Trust		NAME		
STREET ADDRESS	14022 5th Street		STREET ADDRESS		
CITY-ST-ZIP	Dade City, FL 33525		CITY-ST-ZIP		
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pickens C. Price		NAME		
STREET ADDRESS	14022 5th Street		STREET ADDRESS		
CITY-ST-ZIP	Dade City, FL 33525		CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William F. E. Price		NAME		
STREET ADDRESS	14022 5th Street		STREET ADDRESS		
CITY-ST-ZIP	Dade City, FL 33525		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Pickens C. Price      4-26-00      (352) 567-2233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (11/99)