

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12040

1. Entity Name

RANCH AND GROVE PATROL, INC.

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90237 023 \*\*\*\*61.25

Principal Place of Business

4700 W. MIDWAY RD.  
FT PIERCE FL 34981

Mailing Address

C/O LOU COSTOPOULOS  
1216 TEXAS ST.  
FT. PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

307 CHERRY HILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PT. ST. LUCIE FL.

Zip

Country

Zip

Country

34953

4. FEI Number

59-2588906

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

SKOG, RICHARD  
309 CHERRYHILL RD  
PORT SAINT LUCIE FL 34953

Name

St

City

Hogan, Kenny  
11785 Willis Rd.  
Ft. Pierce, FL 34945

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

*Kenny Hogan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ VP ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MERCHANT, DENNIS  
2482 SW VELARDE ST  
PORT SAINT LUCIE FL 34983

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

TITLE ☒ VP ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HOGAN, KENNY  
11785 WILLIS RD.  
FT PIERCE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Glisson, David  
716 S.W. Avens St.  
Port St. Lucie, FL 34983

TITLE ☒ T ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COSTOPOULOS, (LOU) ELIAS  
1216 TEXAS CT  
FT PIERCE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
McSwain, Ronnie  
1316 White Oak Lane  
Ft. Pierce, FL 34982

TITLE ☐ D ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SMITH, VERNON  
3150 NORTH A1A #501  
FT PIERCE FL 34982

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

TITLE ☐ S ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BLOOMFIELD SHELIA  
3209 VIRGINA AVE  
FT PIERCE FL 34954

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

TITLE ☒ D ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SKOG, RICHARD  
307 CHERRYHILL RD  
PORT SAINT LUCIE FL 34953

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard E. Skog*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 (561)  
464-8914  
Date Daytime Phone #

CR2E037 (10/00)