

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25281

1. Entity Name

GROVE LAKE ESTATES PROPERTY OWNERS' ASSOCIATION,

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90072 013 \*\*\*\*61.25

Principal Place of Business

RT. 2, BOX 1204 N  
CRESCENT CITY FL 32112-6655

Mailing Address

RT. 2, BOX 1204 N  
CRESCENT CITY FL 32112-9655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2887715**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

YETTEVICH, ROSE L  
RT 2 BOX 1223  
CRESCENT CITY FL 32112

## 7. Name and Address of New Registered Agent

Name **YETTEVICH, ROSE L.**

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

**RT 2 BOX 1223**

City

**CRESCENT CITY**

**FL**

Zip Code

**32112**

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

*Rose L. Yettevich*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-3-00**

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOTT, JAMES	
STREET ADDRESS	RT 2 BOX 1224	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ASHWELL, CHARLES	
STREET ADDRESS	1948 UNIVERSITY BLVD. S	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, SONDDRA	
STREET ADDRESS	RT 2 BOX 1205M	
CITY-ST-ZIP	CRESCENT CITY FL 32111	
TITLE		<input type="checkbox"/> Delete
NAME	YETTEVICH, ROSE L	
STREET ADDRESS	RT 2 BOX 1223	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN YETTEVICH	
STREET ADDRESS	RT 2 BOX 1223	
CITY-ST-ZIP	CRESCENT CITY, FLA. 32112	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, JOHN	
STREET ADDRESS	RT 2 BOX 1204M	
CITY-ST-ZIP	CRESCENT CITY, FLA. 32112	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIE TOMLINSON	
STREET ADDRESS	RT 2 BOX 1212A	
CITY-ST-ZIP	CRESCENT CITY, FLA. 32112	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YETTEVICH, ROSE L.	
STREET ADDRESS	RT 2 BOX 1223	
CITY-ST-ZIP	CRESCENT CITY, FLA 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rose L. Yettevich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-698-2205**

CR2E037 (9/99)