

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90019 040 ***550.00

DOCUMENT # N29941

1. Entity Name

ROBERT CORLEY GROVES SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

9130 SOUTH DADELAND BLVD
 PH I & PH II
 MIAMI FL 33156

9130 SOUTH DADELAND BLVD
 PH I & PH II
 MIAMI FL 33156

2. Principal Place of Business

7385 S.W. 87 Avenue

3. Mailing Address

7385 S.W. 87 Avenue

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0089637

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

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 \$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 **VD** ☐ Delete
 NAME **KLEIN, ROBERT**
 STREET ADDRESS **9100 S.DADELAND BLV#1500**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
 NAME **LYNN, JONATHAN P.**
 STREET ADDRESS **9100 S.DADELAND BLV#1500**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TDP** ☐ Delete
 NAME **GROVES, ASA B.III**
 STREET ADDRESS **9100 S.DADELAND BLV#1500** *7385 S.W. 87 Avenue # 400*
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: X SIGNATURE REQUIRED

7-10-01 (305) 273-7133

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CR2E037 (10/00)