

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90184 027 \*\*\*\*61.25

**DOCUMENT # N45570**

1. Entity Name

**GROVE HOUSE OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

% SHARI WEITZNER/GROVE HOUSE  
 1054 KINGS AVE.  
 JACKSONVILLE FL 32207  
 US

1054 KINGS AVENUE  
 JACKSONVILLE FL 32217-2120  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2700 University Blvd W

2700 University Blvd W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# A-1

# A-1

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

59-3087085

Applied For

Not Applicable

Zip

Country

32217

Duval

Zip

Country

32217

Duval

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

KOEGLER, STEVEN C.  
 10151 DEERWOOD PARK BLVD  
 BLDG 100 SUITE 200  
 JAX FL 32256

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

*Shari Weitzner*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/00

**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 type="checkbox"/> Delete
NAME	PIES, RENA	
STREET ADDRESS	8219 WOODGROVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, ROSE	
STREET ADDRESS	2626 SPREADING OAKS DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAINNIE, WARD W.	
STREET ADDRESS	76 S LAURA ST SUITE 500	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	TRU	<input type="checkbox"/> Delete
NAME	CARLUCCI, MATT	
STREET ADDRESS	4251 GREAT OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TRU	<input type="checkbox"/> Delete
NAME	KATZ, CAROLE	
STREET ADDRESS	6711 LINFORD LN	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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	Wolpin, Carole	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 2000 (904)642-0320

Date

Daytime Phone #