

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 45570 Amended

1. Entity Name  
Grove House of Jacksonville, Inc.

**FILED**  
00 APR 24 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Shari Waitman Mailing Address  
2700 University Blvd. W.  
Suite A-1  
Jacksonville, Florida 32217

2. Principal Place of Business 2700 University Blvd W. 3. Mailing Address 2700 University Blvd. W.  
Suite, Apt. #, etc. Suite A-1 Suite, Apt. #, etc. Suite A-1

City & State Jacksonville, Florida City & State Jacksonville, Florida  
Zip 32217 Country Dual Zip 32217 Country Dual

4. FEI Number 59-3087085 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  
Koegler, Steven C.  
10151 Deerwood Park Blvd.  
Bldg. 100 - Suite 200  
Jacksonville, Florida 32256

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Rena Pies</u> <u>8219 Woodstone Road</u> <u>Jacksonville, Florida 32256</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Ward Raimie</u> <u>76 S. Laura St. Suite 500</u> <u>Jacksonville, FL 32202</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Rosa Jackson</u> <u>2626 Spreading Oaks Dr</u> <u>Jacksonville, FL 32223</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Trustee</u> <u>Carole Wolpin</u> <u>6711 Linford Lane</u> <u>Jacksonville, FL 32217</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Thomas D. Benedict</u> <u>433 E. WOODHAVEN DR.</u> <u>PONTE VEDRA BCH, FL 32082</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary / Treasurer</u> <u>Steve R. Smith</u> <u>4012 Ortega Forest Dr</u> <u>Jacksonville, FL 32210</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>000003241400--5</u> <u>-05/05/00--01033--004</u> <u>****61.25 ****61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LS</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: April 8, 2000 (904) 295-6636

CR2E037 (9/99)