

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90038 003 \*\*\*\*61.25

**DOCUMENT # N45570**  
 1. Entity Name  
**GROVE HOUSE OF JACKSONVILLE, INC.**

Principal Place of Business <b>2700 UNIVERSITY BLVD W</b> <b>#A1</b> <b>JACKSONVILLE FL 32217</b> <b>US</b>	Mailing Address <b>2700 UNIVERSITY BLVD W</b> <b>#A1</b> <b>JACKSONVILLE FL 32217</b> <b>US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3087085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KOEGLER, STEVEN C.</b> <b>10151 DEERWOOD PARK BLVD</b> <b>BLDG 100 SUITE 200</b> <b>JAX FL 32256</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>JACKSON, ROSE</b> <b>2626 SPREADING OAKS DRIVE</b> <b>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Gartland, Maureen</b> <b>1750 Stockton St.</b> <b>Jacksonville, FL 32204</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WOLPIN, CAROLE</b> <b>6711 LINFORD LANE</b> <b>JACKSONVILLE FL 32217</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Weitzner, Shari</b> <b>3429 Beauclerc Rd</b> <b>Jacksonville FL 32257</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDD</b> <b>BENEDICT, THOMAS D</b> <b>433 E. WOODHAVEN DRIVE</b> <b>PONTE VEDRA BEACH FL 32082</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SMITH, STEVE R</b> <b>4012 ORTEGA FOREST DRIVE</b> <b>JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Shari Weitzner Date: 2/13/02 Daytime Phone #: 904-730-3811

CR2E037 (9/01)