

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90019 033 \*\*\*\*70.00

**DOCUMENT # N99000000116**

1. Entity Name

**THE ROWAN GROVE, INC.**

*P*

Principal Place of Business

P. O. BOX 391434  
DELTONA FL 32739-1434

Mailing Address

P. O. BOX 391434  
DELTONA FL 32739-1434

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

**59-3553333**

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

**RUDQUIST, MATTHEW**  
**3120 HOLIDAY ST.**  
**DELTONA FL 32738**

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**  
**After September 13, 2000 min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **CHERYL CASTLE**  
CITY-ST-ZIP **3120 HOLIDAY ST**  
**DELTONA, FL 32738**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **MATTHEW RUDQUIST**  
CITY-ST-ZIP **3120 HOLIDAY ST**  
**DELTONA, FL 32738**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **SCOTT WALLIN**  
CITY-ST-ZIP **2052 W. BARKINGTON DR**  
**DELTONA, FL 32785**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **HARLAN PARSONS**  
CITY-ST-ZIP **2010 INDIA BLVD**  
**DELTONA, FL 32738**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **DORIS SMITH**  
CITY-ST-ZIP **1202 DENECE TER**  
**HOLLY HILL, FL 32117**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **JESSE ROGERS**  
CITY-ST-ZIP **428 MARK DR**  
**LADY LAKE, FL 32159**

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:**

*Matthew Rudquist*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice president/RA*

*9/9/2000*  
Date

*407) 860-6739*  
Daytime Phone #

CP2E037 (5/00)