2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # N9900000116 1. Entity Name THE ROWAN GROVE, INC. 03-12-2001 90491 024 ****61 25 Principal Place of Business Mailing Address P. O. BOX 391434 P. O. BOX 391434 **DELTONA FL 32739-1434 DELTONA FL 32739-1434** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3553333 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) RUDQUIST, MATTHEW 3120 HOLIDAY ST. **DELTONA FL 32738** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Asst. Dir Events Change **M** Addition TITLE PΩ ☐ Delete TITLE NAME Doug Holly CASTLE, CHERYL NAME STREET ADDRESS POBOX 391434 STREET ADDRESS 3120 HOLIDAY STREET CITY-ST-ZIP Deltone FL 32739-1434 CITY-ST-ZIP **DELTONA FL 32738** Dir Events Change ★ Addition TITLE ۷D ☐ Delete TITLE RUDQUIST, MATTHEW NAME Tracy Chesnutt NAME STREET ADDRESS STREET ADDRESS 3120 HOLIDAY STREET PO BOY 39/434 CITY-ST-7IP CITY-ST-ZIP Doltong FL 32737-1434 **DELTONA FL 32738** Chánge 1 Addition TĪTI F **Delete** easure TITLE Sharon Digne Harsons NAME WALLIN, SCOTT NAME 3/20 Hollday Street Deltong FL 32738 STREET ADDRESS STREET ADDRESS 2052 W BARLINGTON DR CITY-ST-7IP CITY-ST-ZIP **GRAND ISLAND FL 32735** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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