

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000116

1. Entity Name

THE ROWAN GROVE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 391434
DELTONA FL 32739-1434

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

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 PD
NAME CASTLE, CHERYL
STREET ADDRESS 3120 HOLIDAY STREET
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME RUDQUIST, MATTHEW
STREET ADDRESS 3120 HOLIDAY STREET
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ADE
NAME HOLLY, DOUG
STREET ADDRESS P.O. BOX 391434
CITY-ST-ZIP DELTONA FL 32739-1434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DE
NAME CHESNUTT, TRACY
STREET ADDRESS P.O. BOX 391434
CITY-ST-ZIP DELTONA FL 32739-1434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME PARSONS, SHARON DIANE
STREET ADDRESS 3120 HOLIDAY STREET
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME JOHN PIERSON
STREET ADDRESS PO BOX 391434
CITY-ST-ZIP DELTONA FL 32739-1434 ☐ Change ☒ 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:

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

1/14/02
Date

886-8140-6739
Daytime Phone #

CR2E037 (9/01)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91615 008 ****61.25



DO NOT WRITE IN THIS SPACE