

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90045 012 ***150.00

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DOCUMENT # P00000037998

1. Entity Name

THE NARCOOSSEE GROUP, INC.

Principal Place of Business

Mailing Address

2365 ABSHER ROAD
ST. CLOUD FL 34771

2365 ABSHER ROAD
ST. CLOUD FL 34771

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

59-3637535

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

J. BENNETT GROCOCK, P.A.
126 E. JEFFERSON STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

J. Bennett Grocock, P.A.

Street Address (P.O. Box Number is Not Acceptable)

205 E. Central Boulevard

Suite 601

City

Orlando

FL

Zip Code

32801

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.

J. Bennett Grocock, President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOWEN, JAMES P
2365 ABSHER ROAD
ST. CLOUD FL 34771

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James P. Bowen

3/20/01 (407) 491-3725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)