

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096567

1. Entity Name
GROW UP, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 016 ***150.00

Principal Place of Business

6320 HACIENDA TR
POLK CITY FL 33868

Mailing Address

6320 HACIENDA TR
POLK CITY FL 33868

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

59-3679530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUFF, MOLLY
6320 HACIENDA TR
POLK CITY FL 33868

7. Name and Address of New Registered Agent

Name

Mary Alice Huff

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

Mary Alice Huff

Mary Alice Huff

4-1-01

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUFF, MOLLY	
STREET ADDRESS	6320 HACIENDA TR	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Alice Huff	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth T. Jewett	
STREET ADDRESS	1123 Lakeview Drive	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary/Treasurer	
STREET ADDRESS	Nichole Sims	
CITY-ST-ZIP	11201 Bronson Road	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mary Alice Huff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Alice Huff

4-1-01
Date Daytime Phone #

CR2E034 (10/00)