

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111015

1. Entity Name

GROVE CLUB, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90138 001 ***300.00

36981



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2601 S BAYSHORE DR. 19TH FL
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR. 19TH FL
MIAMI FL 33133

2. Principal Place of Business

3193 SW 27th Ave.

Suite, Apt. #, etc.

3. Mailing Address

1794 Opechee Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL 33

4. FEI Number

65-1066171

Applied For

Not Applicable

Zip

33133

Country

Zip

33133

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 S BAYSHORE DR, 19TH FL
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
Norman T. Roberts

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

50 W. Mashata Dr.

City
Miami,

FL

Zip Code
33149

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)

4/18/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D LONDON, I EDWARD 2601 S BAYSHORE DR, 19TH FL MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas H. Boyce 1794 Opechee Drive Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary Sheila K. Boyce 1794 Opechee Dr. Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I. Edward London 50 W. Mashata Drive Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheila K. Boyce Sheila K. Boyce 4/9/01 305-857-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)