

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90009 019 \*\*\*150.00

0065508 AY

**DOCUMENT # P00000114937**

1. Entity Name

**THE IVY GROUP INC.**

Principal Place of Business

**114 CHERRYHILL CIRCLE  
 LONGWOOD FL 32779**

Mailing Address

**114 CHERRYHILL CIRCLE  
 LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1200 Belle Ave**

3. Mailing Address

**1200 Belle Ave**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Winter Springs FL**

City & State

**Winter Springs, FL**

Zip

**32708**

Country

**USA**

Zip

**32708**

Country

**USA**

4. FEI Number

**59-3688358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DONOVAN, GEORGE  
 114 CHERRYHILL CIRCLE  
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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

*George Donovan*

**1/15/02**

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, 2002 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 **PD** ☐ Delete  
 NAME **DONOVAN, GEORGE**  
 STREET ADDRESS **114 CHERRYHILL CIRCLE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **SD** ☐ Delete  
 NAME **SOETY, JOHN**  
 STREET ADDRESS **114 CHERRYHILL CIRCLE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*George Donovan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02**

Date

**407-652-6142**

Daytime Phone #

CR2E034 (9/01)