2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P08783

Entity Name: THE GROVE NATURAL SNACKS INC

FILED Jul 17, 2003 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:		
	L STREET .EANS, LA 70	130			
Current Mailing Address:			New Mailing Address:		
SUITE 500		DRATE CENTER 154			
FEI Number: 72-0902131 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ORLANDO ORLANDO	GROVE 9320 A DINTERNATIO D, FL 32827	AIRPORT BLVD #8 NAL AIRPORT submits this statement for the i	ourpose of changing	its reaistered	l office or registered agent, or both,
	e of Florida.		san passa an anianiginig		, omeo or regions as agent, or bean,
SIGNATU					
	Electror	nic Signature of Registered Ag	ent		Date
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	NS/CHANGE	S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:) Delete 'H ANN, 'REET	Title: Name: Address: City-St-Zip:		(X) Change ()Addition UTH ANN STREET
Title: Name: Address: City-St-Zip:	VD (VALTEAU, PAU 108 ROYAL ST NEW ORLEAN		Title: Name: Address: City-St-Zip:	VALTEAU, PA 108 ROYAL	
Title: Name: Address: City-St-Zip:	DUKLER, MAR	K CORPORATE CENTER, STE 500	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	IRELAND, ROE	K CORPORATE CENTER, STE 500	Title: Name: Address: City-St-Zip:	IRELAND, RO 3 WESTBRO	(X) Change()Addition OBERT L OOK CORPORATE CENTER, STE 500 TER, IL 60154
Title: Name: Address:	V (LOUPAKOS, P. 108 ROYAL ST		Title: Name: Address:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT L. IRELAND VT 07/17/2003

NEW ORLEANS, LA 70130

City-St-Zip: