

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91350 032 ***150.00

0487161

DOCUMENT # P92000004629

1. Entity Name

ROSS GROVE CARE, INC.

Principal Place of Business

**128 43RD AVE
 VERO BEACH FL 32968
 US**

Mailing Address

**P.O. BOX 2112
 VERO BEACH FL 32961
 US**

2. Principal Place of Business

6260 65 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

Country

32967

Indian River

Zip

Country

4. FEI Number **59-3151220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

VEY, JOHN E

4400 62ND CT

VERO BEACH FL 32967

Name

David Ross

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

46 49 Ave

City

Vero Beach

FL

Zip Code

32968

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]

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	P	<input type="checkbox"/> Delete
NAME	ROSS, DAVID M	
STREET ADDRESS	46 49TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VEY, PATRICIA R	
STREET ADDRESS	1045 CLIPPER RD	
CITY-ST-ZIP	VERO BECH FL 32963	
TITLE	S	<input type="checkbox"/> Delete
NAME	VEY, JOHN E	
STREET ADDRESS	1045 CLIPPER RD	
CITY-ST-ZIP	VERO BECH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSS, LYNN S	
STREET ADDRESS	46 49TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
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 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	
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	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Daytime Phone #

561-4739425

CR2E034 (10/00)