

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014645

1. Entity Name

GRANT GROVES, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90117 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1326 MIRROR TERRACE N.W.  
WINTER HAVEN FL 33881

1326 MIRROR TERRACE N.W.  
WINTER HAVEN FL 33881-2350

2. Principal Place of Business

3. Mailing Address

1514 SW Silver Pine Way  
Suite, Apt. #, etc.

1514 SW Silver Pine Way  
Suite, Apt. #, etc.

# D

# D

City & State

City & State

Palm City FL

Palm City FL

Zip

Country

34990

Martin

34990

Country

4. FEI Number

59-3167075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, BYRON E  
1326 MIRROR TERRACE N.W.  
WINTER HAVEN FL 33881

Name

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

1514 SW Silver Pine Way # D

City

Palm City FL

FL

Zip Code

34990

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

*Bruce E. Grant*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME GRANT, BYRON E  
STREET ADDRESS 1326 MIRROR TERRACE N.W.  
CITY-ST-ZIP WINTER HAVEN FL  
*Retired*

☒ Delete

TITLE VPS  
NAME GRANT, ALICE B  
STREET ADDRESS 1326 MIRROR TERRACE N.W.  
CITY-ST-ZIP WINTER HAVEN FL  
*Deceased*

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE PT  
NAME Bruce E. Grant  
STREET ADDRESS 1514 SW Silver Pine Way # D  
CITY-ST-ZIP Palm City FL 34990  
*Change*

☒ Change ☐ Addition

TITLE VPS  
NAME Susan Grant Rodgers  
STREET ADDRESS 1170 St Ives Ct.  
CITY-ST-ZIP Suwanee GA 30174  
*Change*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Bruce E. Grant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

561-283-4379

Daytime Phone #

CR2E034 (9/99)