

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0112497 AV

DOCUMENT # P94000018781

1. Entity Name
GROVELAND, INC.



FILED

03 APR 14 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

Mailing Address
7575 DR. PHILLIPS BLVD
STE 305
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

390 N. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1100

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32801

4. FEI Number

59-3229769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SVCS OF CNTRL FLORIDA, INC
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BROWN, C. DAVID II
STREET ADDRESS 390 N ORANGE AVE, STE 1100
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE NAME
NAME 200017549912
STREET ADDRESS 04/30/03--01032--016 **150.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME ROSEN, ROBERT T
STREET ADDRESS 390 N ORANGE AVE, STE 1100
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE ST
NAME MYERS, JANICE
STREET ADDRESS 390 N ORANGE AVE, STE 1100
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE V
NAME ALLIGOOD, RANDAL M.
STREET ADDRESS 390 N. ORANGE AVE., #1100
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Rosen,
Vice President

Date

4/11/03 407-839-4200

Daytime Phone #

CR2E034 (10/02)