

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030133

1. Entity Name

RUSSELL GROVE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90011 040 ***150.00

Principal Place of Business

Mailing Address

C/O C. J. WARD III
3821 MCKAY CREEK DRIVE
LARGO FL 34609 33770

C/O C. J. WARD III
3821 MCKAY CREEK DRIVE
LARGO FL 33770-4515

2. Principal Place of Business

6833 E. RICHARD DR.

3. Mailing Address

6833 E. RICHARD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEEKI WACHEE, FL

City & State

WEEKI WACHEE, FL

4. FEI Number

59-3380732

Applied For

Not Applicable

Zip

34607

Country

USA

Zip

34607

Country

USA

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

WARD, C J III
3821 MCKAY CREEK DRIVE
LARGO FL 33770

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

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, 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	D	<input type="checkbox"/> Delete
NAME	WARD, C J III	
STREET ADDRESS	3821 MCKAY CREEK DRIVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, RUSSELL F	
STREET ADDRESS	37 TIMBERIDGE DRIVE	
CITY-ST-ZIP	CLOVER SC 29710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STUART, LUCILE R	
STREET ADDRESS	PLUM BUSH POINT, P.O. BOX 3135	
CITY-ST-ZIP	WEST TISBURY MA 02575	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATHERINE A. BECKER	
STREET ADDRESS	760 WEST END AVENUE 9D	
CITY-ST-ZIP	NEW YORK CITY, NY 10025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE A. BECKER	
STREET ADDRESS	760 WEST END AVENUE, 9D	
CITY-ST-ZIP	NEW YORK CITY, NY 10025	
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

Date

4/20/2000 (127) 584-5057

Daytime Phone #

CR2E034 (9/93)