

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097856

1. Entity Name

ROGERS GROVE OF DESOTO, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90107 028 \*\*\*150.00

Principal Place of Business Mailing Address  
6325 S.W. OWENS SCHOOL STREET 1607 LINDBERG AVE  
ARCADIA FL 34266 LAKE PLACID FL 33852

2. Principal Place of Business 3. Mailing Address  
SAME 6325 S.W. OWENS Sch St

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
ARCADIA FL

Zip Country Zip Country  
34266 DeSoto

4. FEI Number 59-7025232 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, JOHN W  
1607 LINDBERG AVE  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name THOMAS H. ROGERS  
Street Address (P.O. Box Number is Not Acceptable)  
6325 S.W. OWENS School St.  
City ARCADIA FL Zip Code 34266

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 Thomas H. Rogers 1-18-00  
Signature, typed or printed name of registered agent and not 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 \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | ROGERS, THOMAS H              |  |
| STREET ADDRESS | 6325 S.W. OWENS SCHOOL STREET |  |
| CITY-ST-ZIP    | ARCADIA FL 34266              |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | ROGERS, JOHN W                |  |
| STREET ADDRESS | 1607 LINDBERG AVENUE          |  |
| CITY-ST-ZIP    | LAKE PLACID FL 33852          |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | ROGERS, CLARENCE P            |  |
| STREET ADDRESS | 543 KEENAN AVENUE             |  |
| CITY-ST-ZIP    | FORT MYERS FL 33919           |  |
| 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"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PRES.                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi |
| NAME           | THOMAS H ROGERS          |  |
| STREET ADDRESS | 6325 S.W. OWENS Sch. St. |  |
| CITY-ST-ZIP    | ARCADIA, FL 34266        |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Additi            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Additi            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Additi            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Additi            |
| 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: Thomas H. Rogers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00 863-494-516  
Date Daytime Phone #