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### 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

ARCADIA FL 3988  LAKE PLACID FL 39852  2. Princips Place of Business Suite Apt #, etc.  Situde Apt #, etc.						01-25-2000 90107 (	)28 ***150.00	
ARCADA FL 3968  LAKE PLACE FL 33852  April process of Business Suite, April F. etc.  DO NOT WRITE IN THIS SPACE  April F. etc.  DO NOT WRITE IN THIS SPACE  April F. etc.  DO NOT WRITE IN THIS SPACE  April F. etc.  April F.	Principal Plac	ce of Business	Mailing Address	<del></del>				
Suite, ASI, #, etc.    Suite, ASI, #, etc.   Suite, ASI, #, etc.   Suite, ASI, #, etc.   Do NOT Writte In THIS SPACE   Suite, ASI, #, etc.   Suite, ASI, #					1			
Sute. Apt. #. etc.  City & State  City & State  Country  Zip Country	2. Principal F	·	3. Mailing Address	h.to./= C /				
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Section   Sect	City & Stat	<u> </u>	City & State			EEI Number	<del></del>	Applied For
S. Name and Address of Current Registered Agent  ROGERS, JOHN W 1807 LINDBERG AVE LAKE PLACID FL 33852  City ALC A dia FL Zingstra  Signature approach to be shown and address of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature approach to be shown of registered agent and propose of changing its registered agent are proposed for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature approach agent are proposed for a proposed fo	·		HACADIA	FLI	<b></b>	59-7025232		Not Aجنتان
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NOSERS, JUHN W 1807 LINDBERG AVE LAKE PLACID FL 33852  City ARCA LIA FL Zig Code 2  SIGNATURE  SI	<del></del>	6. Name and Address of Current	Registered Agent	Name (			· · · · · · · · · · · · · · · · · · ·	
1607 LINDBERG AVE LAKE PLACID FL 33852  City ARC R dish FL 7/15-57/28  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Statement and entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE Statement and statemen	ROG	ERS JOHN W					<u>e</u>	<del></del> -
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE	1607	LINDBERG AVE		Street A	ddress (P.O. I	Box Number is Not Aggeptable)	hool ?	<u>51.                                     </u>
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE	LAKE	PLACID FL 33852		}				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE				City	RCAI	IA	FL Zip C	1266
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO PFFICERS AND DIRECTORS IT RETAINED BEIGHT TO BE BE BEIGHT TO BE BE BEIGHT TO BE BEIGHT TO BE BE BEIGHT TO BE BE BE	8. The above	named entity submits this statement for	or the purpose of changing its					
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Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution   Added to Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO PFFICERS AND DIRECTORS IN TITLE   ROGERS, THOMAS H   STREET ADDRESS   TITLE   ARCADIA FL 34266   TITLE	9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.0	10	T		
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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 supplies that the information supplies that I am an officer or conditional transfer of the same legal effect as if made under path; that I am an officer or conditional transfer of the same legal effect as if made under path; that I am an officer or conditional transfer of the same legal effect as if made under path; that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or supplies that I am an officer or conditional transfer or condition	13. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section	119.07(3)(i), Florida Statutes. I fu	irther certify that the	information

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 in changed, or on an attachment with an address, with all other like empowered.