

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90096 026 ***150.00

DOCUMENT # P97000077117

1. Entity Name

C. DWIGHT GROVES, M.D., P.A.

Principal Place of Business

561 E FRANKLIN ST
LAKE CITY FL 32055
US

Mailing Address

PO BOX 2326
LAKE CITY FL 32056
US

2. Principal Place of Business

3. Mailing Address

109 HARBOR WATCH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHESAPEAKE, VA

4. FEI Number 59-3459541

Applied For

Not Applicable

Zip

Country

23320

US

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

GROVES, C. DWIGHT
RT. 21 BOX 468
LAKE CITY FL 32024

Name

Kelly B. Mathis, Esq.

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

200 W. Forsyth St., Suite 1700

City

Jacksonville

FL

Zip Code

32202

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

20 March 01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GROVES, C. DWIGHT RT 21 BOX 468 LAKE CITY FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROVES, C. DWIGHT 109 HARBOR WATCH, DR CHESAPEAKE, VA. 23320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Dwight Groves, M.D. 4/2/01 737-466-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0449531

CR2E034 (10/00)