

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018146

1. Entity Name
CONWAY GROVES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90314 026 ***150.00

Principal Place of Business Mailing Address
1870 ALOMA AVE. 1870 ALOMA AVE.
WINTER PARK FL 32789 WINTER PARK FL 32789-4000

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3500314** Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCALL, RANDALL E
1870 ALOMA AVE.
WINTER PARK FL 32792

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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** Delete
NAME **MCCALL, HOLLIS O**
STREET ADDRESS **1870 ALOMA AVE.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MCCALL, BEVERLY J**
STREET ADDRESS **1870 ALOMA AVE.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **MCCALL, RONALD W**
STREET ADDRESS **1870 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **MCCALL, HOLLY J**
STREET ADDRESS **1870 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **MCCALL, RANDALL E**
STREET ADDRESS **1870 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Randall E McCall* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/19/00 **407-622-0622**
Date Daytime Phone #

CR2E034 (9/99)