## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000096473 Mar 02, 2000 8:00 am **Secretary of State** CAMPBELL GROVE, INC. 03-02-2000 90067 025 \*\*\*150.00 Mailing Address Principal Place of Business 7851 CAMPRELL ROAD 7851 CAMPBELL ROAD SARASOTA FL 34240 SARASOTA FL 34240-9158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0896042 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTIN, RORY Street Address (P.O. Box Number is Not Acceptable) 7851 CAMPBELL ROAD SARASOTA FL 34240 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition Change ☐ Delete TITLE MARTIN, RORY NAME NAME 7851 CAMPBELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE CAMPBELL, SHELDON L NAME NAME STREET ADDRESS 7851 CAMPBELL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete ☐ Addition TITLE TITLE MARTIN, ROBBIE L NAME NAME 7756 CAMPBELL Rd. 7456 CAMPBELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP ☐ Addition TITLE Change Change TITLE ☐ Delete CAMPBELL, GRACIE M NAME NAME 7851 CAMPBELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS