

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005306

1. Entity Name

GROVER TRUCKING SERVICES, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90026 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1605 MAIN STREET STE 1001  
SARASOTA FL 34236

1605 MAIN STREET STE 1001  
SARASOTA FL 34236-5861

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

65-0883934

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

GOLDSMITH, STANLEY A  
1605 MAIN STREET STE 1001  
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if 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  
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	<input type="checkbox"/> Delete	TITLE	DVPSAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVER, CINDY L		NAME	Grover, Cindy L.	
STREET ADDRESS	1345 W. UNIVERSITY PKWY. #1		STREET ADDRESS	1345 W. University Pkwy #1	
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVER, ROBERT W		NAME	Grover, Robert W.	
STREET ADDRESS	1345 W. UNIVERSITY PKWY. #1		STREET ADDRESS	1345 W. University Pkwy #1	
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINALLY, FRAN J		NAME	McInally, Fran J.	
STREET ADDRESS	1345 W. UNIVERSITY PKWY. #1		STREET ADDRESS	1345 W. University Pkwy #1	
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*Fran J. McInally*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 19-00* 810 664 0839  
Date Daytime Phone #

CR2E034 (9/99)