

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S18092

1. Entity Name

GOSE GROVES, INC.

Principal Place of Business

Mailing Address

2911 NE LAKEVIEW DR
SEBRING FL 33870-2331

2911 NE LAKEVIEW DR
SEBRING FL 33870-2331

2. Principal Place of Business

1409 CRESCENT DR
Suite, Apt. #, etc.
SEBRING FL
City & State

3. Mailing Address

1409 CRESCENT DR
Suite, Apt. #, etc.
SEBRING FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3043216

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSE, MARGARET H.
2911 NE LAKEVIEW DR
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name JEAN MOSIER
Street Address (P.O. Box Number is Not Acceptable)
1409 CRESCENT DR
City SEBRING FL Zip Code 33870

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 JEAN G. MOSIER - PRES.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-11-01

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

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GOSE, MARGARET H	
STREET ADDRESS	2911 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSIER, JEAN	
STREET ADDRESS	1409 CRESCENT DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOSE, JOHN H	
STREET ADDRESS	946 LINCOLN RD	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOSE, ARTHUR E JR	
STREET ADDRESS	16 WARREN ST	
CITY-ST-ZIP	SUMTER SC 29150	
TITLE	VB	<input type="checkbox"/> Delete
NAME	GOSE, JAMES L	
STREET ADDRESS	2911 NE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEASED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JEAN G. MOSIER - PRES.
Signature and typed or printed name of signing officer or director

Date 1-11-01 Daytime Phone # 863-385-0650

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