

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V28803**

1. Entity Name

GROVE PARK, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90045 013 ***150.00

906788

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5301 OAKLAND RD.
SEBRING FL 33870****5301 OAKLAND RD.
SEBRING FL 33870-5680**

2. Principal Place of Business

5301 MIKE KAHN RD

Suite, Apt. #, etc.

3. Mailing Address

5301 MIKE KAHN RD

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3123587**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAHN, MARVIN
5301 OAKLAND RD.
SEBRING FL 33870**

Name

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

5301 MIKE KAHN RD

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
NAME	KAHN, MARVIN	
STREET ADDRESS	5301 OAKLAND RD.	
CITY-ST-ZIP	SEBRING FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	5301 MIKE KAHN RD	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN KAHN**1-21-00**

Date

863-385-6131

Daytime Phone #