2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90251 048 ***150.00

DOCUMENT # V28803

1. Entity Name
GROVE PARK, INC.

Principal Place of Business	Mailing Address
5301 MIKE KAHN RD SEBRING FL 33870	5301 MIKE KAHN RD SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
220 SOUTH COMMERCE AVE	PO BOX 3346
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FLORIDA	City & State: SEBRING, FLORIDA
Zip: 33870 Country: USA	Zip: 33871 Country: USA

4. FEI Number 59-3123587 ☐ Applied For ☐ Not Applicable

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 MIKE KAHN RD SEBRING FL 33870	Name Street Address (P.O. Box Number is Not Acceptable): 220 SOUTH COMMERCE AVENUE City: SEBRING 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, MARVIN 5301 MIKE KAHAN RD SEBRING FL 33870	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 220 SOUTH COMMERCE AVE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP R WAYNE DOUBERLEY 220 SOUTH COMMERCE AVE SEBRING, FL 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T TOM EIDENBERGER 220 SOUTH COMMERCE AVE SEBRING, FL 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S INDIA K MYERS 220 SOUTH COMMERCE AVE SEBRING, FL 33870	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 4-20-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #