

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90055 011 \*\*\*150.00

0308459

**DOCUMENT # V36275**

1. Entity Name

**KNOLLWOOD GROVES, INC.**

Principal Place of Business

**8053 LAWRENCE ROAD  
BOYNTON BEACH FL 33436  
US**

Mailing Address

**8053 LAWRENCE ROAD  
BOYNTON BEACH FL 33436  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0345810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DWYER, BARBARA  
8053 LAWRENCE ROAD  
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	HOWARD, VERNON	7159 THOMPSON ROAD	BOYNTON BCH FL 33426	<input checked="" type="checkbox"/> Delete
				<b>Deceased</b>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	SCOTT, WALTER J	308 ELIZABETH RD.	LAKE WORTH FL 33461	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	HOWARD, MARION	7159 THOMPSON RD.	BOYNTON BCH FL 33426	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
SD	DWYER, BARBARA	836 KINGSTON DM	LANTANA FL 33462	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
TD	SCOTT, GLORIA L.	18 PEPPERWOOD COURT	BOYNTON BCH FL 33426	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	DWYER, THOMAS	836 KINGSTON DRIVE	LANTANA FL 33462	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Gloria L. Scott* **GLORIA L. SCOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

561-734-4800

Daytime Phone #

CR2E034 (10/00)