

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90933 036 ***150.00

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1. Entity Name
CLERMONT GROVES, INC.



Principal Place of Business
**13100 W COPLONIAL DR.
WINTER GARDEN FL 34787
US**

Mailing Address
**PO BOX 770338
WINTER GARDEN FL 34777-0338
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0623328**

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

**MCPHERSON, REX V
11340 LAKE BUTLER BLVD
WINDERMERE FL 34786**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D RODEN, LAURA D**
STREET ADDRESS **2696 SW GREENWICH WAY**
CITY-ST-ZIP **PALM CITY FL**

TITLE Change Addition
NAME **D LAMBERT, LAURA D**
STREET ADDRESS **2696 SW GREENWICH WAY**
CITY-ST-ZIP **PALM CITY FL**

TITLE Delete
NAME **PD MCPHERSON, REX V**
STREET ADDRESS **11340 LAKE BUTLER BLVD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GERBER, KEENE M**
STREET ADDRESS **74 HICKORY DRIVE**
CITY-ST-ZIP **HIGHLANDS NC 28741**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD MCPHERSON, JOHN R**
STREET ADDRESS **1110 W IVANHOE BLVD 15**
CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **STD RIFFLE, THOMAS R**
STREET ADDRESS **520 N ORLANDO AVENUE, #14**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. RIFFLE **SIGNATURE REQUIRED** THOMAS R. RIFFLE 04/10/03 407-656-2291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)