

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V04715**

1. Entity Name

**HARRY'S CRESTVIEW GROVES, INC.**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90191 020 \*\*\*150.00

Principal Place of Business STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079 US	Mailing Address STANDEX INTERANTIONAL CORPORATION 6 MANOR PKWY SALEM NH 03079-2841 US
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**632281**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>02-0453336</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**66 LUCKIE ST.**  
**TALLAHASSEE FL 32301**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
GOODWIN, HARRY D		NAME			
4501 N. 1ST LANE		STREET ADDRESS			
MCALLEN TX 78504		CITY-ST-ZIP			
VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TRAINOR, EDWARD J		NAME			
14 COPPER BEACH RD		STREET ADDRESS			
SALEM NH		CITY-ST-ZIP			
VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
CRICHTON, DAVID R		NAME			
7 HIGHLAND RD.		STREET ADDRESS			
WINDHAM NH 03087		CITY-ST-ZIP			
VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ROSEN, DEBORAH A		NAME			
2 FORD LANE		STREET ADDRESS			
FRAMINGHAM MA 01701		CITY-ST-ZIP			
TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
POTTER, DANIEL C		NAME			
17 CATESBY LANE		STREET ADDRESS			
BEDFORD NH 03110		CITY-ST-ZIP			
CC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
KETTINGER, ROBERT R.		NAME			
26 WOODBERRY LANE		STREET ADDRESS			
NO. ANDOVER MA 01845		CITY-ST-ZIP			

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: **X** \_\_\_\_\_ **3/28/00** **603-893-9701**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)