

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90444 050 ***150.00

0653759

DOCUMENT # V04715

1. Entity Name
HARRY'S CRESTVIEW GROVES, INC.

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 US
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929701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 02-0453336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, HARRY D	NAME	
STREET ADDRESS	4501 N. 1ST LANE	STREET ADDRESS	
CITY-ST-ZIP	MCALLEN TX 78504	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAINOR, EDWARD J	NAME	
STREET ADDRESS	14 COPPER BEACH RD	STREET ADDRESS	
CITY-ST-ZIP	SALEM.NH	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRICHTON, DAVID R	NAME	
STREET ADDRESS	7 HIGHLAND RD.	STREET ADDRESS	
CITY-ST-ZIP	WINDHAM NH 03087	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, DEBORAH A	NAME	
STREET ADDRESS	2 FORD LANE	STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA 01701	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, DANIEL C	NAME	
STREET ADDRESS	17 CATESBY LANE	STREET ADDRESS	
CITY-ST-ZIP	BEDFORD NH 03110	CITY-ST-ZIP	
TITLE	CC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTINGER, ROBERT R.	NAME	
STREET ADDRESS	26 WOODBERRY LANE	STREET ADDRESS	
CITY-ST-ZIP	NO. ANDOVER MA 01845	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:

2/23/01 603-893-9701
 Date Daytime Phone #

CR2E034 (10/00)