

2001 UNIFORM BUSINESS REPORT (UBR)

0011585 AF

DOCUMENT # A94000000324

1. Entity Name
GIA PROPERTIES OF VOLUSIA, LTD.

FILED
01 APR 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114**

**0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2132442 Not Applicable

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

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6. Name and Address of Current Registered Agent

**GOLDBERG, PAUL B MD
0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000018173**
NAME **GIA GLOBAL INVESTING CORPORATION**
STREET ADDRESS **0201 N. CLYDE MORRIS BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS **200004082642--0**

CITY-ST-ZIP **04/26/01 01112 010**
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-11-01** Daytime Phone # **(386) 257-9400**

CR2E003 (11/00)