

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001547**

1. Entity Name

GREV, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 8 15
 00 MAY -1 AM 10:33

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
 MAITLAND FL 32751

Mailing Address

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
 MAITLAND FL 32751-7119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

474 S. North Lake Blvd
 Suite, Apt. #, etc.
~~Suite 1020~~

3. Mailing Address

2221 Lee Road
 Suite, Apt. #, etc.
~~Suite 28~~

City & State

Altamonte Springs, FL

City & State

Winter Park, FL

Zip

32701

Country

US

Zip

32789

Country

US

4. FEI Number

59-3523343

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER
 1101 NORTH LAKE DESTINY DRIVE, SUITE 400
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
474 S. North Lake Blvd.
Suite 1020
 City **Altamonte Springs** **FL** Zip Code **32701**

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. Capital Contributions as Shown on record.

\$1,000.00

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

DOCUMENT # **P98000056616**
 NAME **GREV, INC.**
 STREET ADDRESS **1101 NORTH LAKE DESTINY DRIVE, SUITE 400**
 CITY - ST - ZIP **MAITLAND FL 32751**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **474 S. North Lake Blvd, Suite 1020**
 CITY - ST - ZIP **Altamonte Springs, FL 32701**

DOCUMENT #
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 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS **700003290887--6**
-06/15/00--01050--017
 CITY - ST - ZIP ******150.00 ****150.00**

DOCUMENT #
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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: **SIGNATURE REQUIRED** **Salvador F. Leccese** 4/80/00 407-645-5575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #