

2001 UNIFORM BUSINESS REPORT (UBR)

0001101 AF

DOCUMENT # A98000001547 \$150.00
EV

1. Entity Name
GREV, LTD.

FILED

01 MAY -3 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**

474 S. NORTH LAKE BLVD., SUITE 1020 474 S. NORTH LAKE BLVD., SUITE 1020
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business **3. Mailing Address**

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

City & State City & State

Zip Country Zip Country

2221 Lee Road
Suite 28
Winter Park, FL
32789

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
474 S. NORTH LAKE BLVD., SUITE 1020
ALTAMONTE SPRINGS FL 32701

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P98000056616	GREV, INC.	474 S. NORTH LAKE BLVD., SUITE 1020	ALTAMONTE SPRINGS FL 32701

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
400004333874	05/30/01 --01032--010 ****150.00 ****150.00

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: Salvador F. Leccese Date: 4-19-01 Daytime Phone #: 407-645-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)