

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91307 032 ***150.00

0047283 AT

DOCUMENT # J35079

1. Entity Name
GRE SO FLA, INC.



Principal Place of Business
% PRENTICE-HALL CORPORATION SYSTEM. INC.
209 E STATE STREET
COLUMBUS OH 43215

Mailing Address
% PRENTICE-HALL CORPORATION SYSTEM. INC.
209 E STATE STREET
COLUMBUS OH 43215

11024419



2. Principal Place of Business
191 W NATIONWIDE BLVD

3. Mailing Address
191 W NATIONWIDE BLVD

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
COLUMBUS, OH

City & State
COLUMBUS, OH

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1227404**

Applied For
Not Applicable

Zip
43215-2568

Country

Zip
43215-2568

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
CASTO, DON M., III ☐ Delete
209 E. STATE ST.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD ☒ Change ☐ Addition
CASTO, DON M III
191 W NATIONWIDE BLVD, SUITE 200
COLUMBUS, OH 43215-2568

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD ☐ Delete
BENSON, FRANK S., III
209 E. STATE ST.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD ☒ Change ☐ Addition
BENSON, FRANK S III
191 W NATIONWIDE BLVD, SUITE 200
COLUMBUS, OH 43215-2568

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☐ Delete
CASTO, WILLIAM G.
399 TAYLOR BLVD., #103
PLEASANT HILL CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
BENSON, NANCY
209 E STATE ST
COLUMBUS OH 43215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition
BENSON, NANCY
191 W NATIONWIDE BLVD, SUITE 200
COLUMBUS, OH 43215-2568

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
MORAN, ANN C
209 E. STATE ST.
COLUMBUS OH 43215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition
MORAN, ANN C
191 W NATIONWIDE BLVD, SUITE 200
COLUMBUS, OH 43215-2568

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
WIBBELSMAN, NANCY B
209 E. STATE ST.
COLUMBUS OH 43215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition
WIBBELSMAN, NANCY B
191 W NATIONWIDE BLVD, SUITE 200
COLUMBUS, OH 43215-2568

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DON M. CASTO, III

4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)