

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90170 001 13,493.75

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**DOCUMENT # P95000036466**

1. Entity Name  
**G-P RB LAND, INC.**



Principal Place of Business  
**2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431**

Mailing Address  
**2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431**

**55038181**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0579445**

Applied For  
Not Applicable

Zip

Country

Zip

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 HERRICK COMPANY, INC.  
2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431**

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 **PSTD**  Delete  
NAME **NORTON HERRICK**  
STREET ADDRESS **2295 CORPORATE BLVD, NW, SUITE 222**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **Vice President / S**  Change  Addition  
NAME **Herrick, Norton**  
STREET ADDRESS **2295 Corporate Blvd., NW, Suite 222**  
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **VPAS**  Delete  
NAME **HOWARD HERRICK**  
STREET ADDRESS **2 RIDGEDALE AVE STE 370**  
CITY-ST-ZIP **CEDAR KNOLLS NJ 07927**

TITLE **President / As**  Change  Addition  
NAME **Herrick, Howard**  
STREET ADDRESS **2 Ridgedale Ave, Ste. 370**  
CITY-ST-ZIP **Cedar Knolls, NJ 07927**

TITLE **VPAS**  Delete  
NAME **MICHAEL HERRICK**  
STREET ADDRESS **2 RIDGEDALE AVE STE 370**  
CITY-ST-ZIP **CEDAR KNOLLS NJ 07927**

TITLE **VP/AS**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C**  Delete  
NAME **KERMALLI, NISAR**  
STREET ADDRESS **2 RIDGEDALE AVE STE 370**  
CITY-ST-ZIP **CEDAR KNOLLS NJ 07927**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D/VP**  Change  Addition  
NAME **Elayne Herrick**  
STREET ADDRESS **400 SE 5th Ave., PH1104**  
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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**

**VP 5/1/03**

Date Daytime Phone #

CR2E034 (10/02)