

2000 UNIFORM BUSINESS REPORT (UBR)

001:3340 M

DOCUMENT # A27776
 1. Entity Name
GOOLSBY, GRADY L. LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
**1297 HUNTINGTON LANE
 ROCKLEDGE FL 32955**

Mailing Address
**1297 HUNTINGTON LANE
 ROCKLEDGE FL 32955-2608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0163956**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GOOLSBY, GRADY L.
 1297 HUNTINGTON LANE
 ROCKLEDGE FL 32955**

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

9. Capital Contributions as Shown on record. **\$22,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **7,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	GOOLSBY, GRADY L. 1297 HUNTINGTON LANE ROCKLEDGE FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GOOLSBY, JOANNE 1297 HUNTINGTON LANE ROCKLEDGE FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003243088--8
CITY - ST - ZIP	85/88/00--01120--001 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **REGRUPD Goolsby** **4-16-00** **321-632-2347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/98)