

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A27776**

1. Entity Name  
**GOOLSBY, GRADY L. LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

*ng*

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

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



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

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

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

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

10. Amount of Capital Contributions in FLORIDA to date. **7000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>GOOLSBY, GRADY L. 1297 HUNTINGTON LANE ROCKLEDGE FL</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>GOOLSBY, JOANNE 1297 HUNTINGTON LANE ROCKLEDGE FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>800003243088--8 -85/88/00--01120--001 ****141.25 ****141.25</b>
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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:** *Grady L. Goolsby* **RECEIVED** **4-16-00** **321-632-2347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)