

# 2000 UNIFORM BUSINESS REPORT (UBR)

L.12716 AF

DOCUMENT # A31705

1. Entity Name

GHA ST. DAVID'S, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business  
2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967

Mailing Address  
2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967-7216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3755 7th Terrace

City & State

Suite 301

Vero Beach, FL 32960

4. FEI Number

65-0273443

Applied For

Not Applicable

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

~~D'HAESELEER, RONALD V~~

2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967

Name

PETER J. HENN

Street Address (P.O. Box Number is Not Acceptable)

2121 GRAND HARBOR BLVD

City

VERO BEACH

FL

32967

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.

\$1,059,300.00

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 the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000004739  
NAME GHA DEVELOPMENT, INC.  
STREET ADDRESS 2121 GRAND HARBOR BLVD.  
CITY - ST - ZIP VERO BEACH FL

STREET ADDRESS

CITY - ST - ZIP

100003272391--?  
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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:

SIGNATURE REQUIRED  
PETER J. HENN

PRES.

4/20/00 561-778-0180

Date

Daytime Phone #

CR2E003 (9/99)