

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A94000001703**

1. Entity Name  
**GREAT POTPOURRI, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 2 AM 3:05

Principal Place of Business  
**601 W. SEMINOLE BLVD.  
SANFORD FL 32771**

Mailing Address  
**P.O. BOX 1328  
SANFORD FL 32168-8349**

*ng*



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

3. Mailing Address  
**PMB 354**  
Suite, Apt. #, etc.  
**1982 SR 44**  
City & State  
**NEED SAWYER BERTH FL**  
Zip  
**32168**  
Country  
**VOLUNIA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3298878**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KELLEY, EOGHAN N  
601 W. SEMINOLE BLVD.  
SANFORD FL 32771**

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: **\$2,742,000.00**

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 #	P94000086871	STREET ADDRESS	STREET ADDRESS	<b>400003245254--8</b> <b>-05/09/00--0111--001</b> <b>****526.25 ****526.25</b>
NAME	GREAT POTPOURRI, INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	601 W. SEMINOLE BLVD.			
CITY - ST - ZIP	SANFORD FL 32771			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	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

**Great Potpourri Inc**  
**Signature: Eoghan N Kelley, Pres** **407 321 7946**

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

CR2E03 (9/96)